Image# 12961439774					PAGE 1 / 143
	EPORT OF I ND DISBUR Other Than An Auth	SEMENT	s	Office U	lse Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT V	Example: If typi over the lines.	ng, type 1	2FE4M5	
National Democratic Poli	cy Committee				
ADDRESS (number and street)	113 HALIFAX PLACE				
Check if different than previously reported. (ACC)	LEESBURG			VA 2017	5
2. FEC IDENTIFICATION NUMI	BER V CITY		ST		ZIP CODE
C C00136531	3. IS RE	~ ~ ~	NEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 	Report Due On: Mar :	20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Report for the:	on Convention ((12C)	Special (12S)	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	X General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on 11	06 / Y	2012	in the State of
5. Covering Period	/ D D / Y Y Y 01 2012	Y through	M M /		12
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of i Katherine Jenkins	ny knowledge and	belief it is true,	, correct and comple	ete.
Signature of Treasurer	e Jenkins	[Electronical]	y Filed] Dat		2012
NOTE: Submission of false, erroneou	s, or incomplete information	may subject the per	son signing this	Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

12/05/2012 19 : 40

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

1	Write or Type Committee Name	
----------	------------------------------	--

FEC Form 3X (Rev. 02/2003)

National Democratic Policy Committee

R	eport Covering the Period: From:		: 11 / 26 / Y Y Y Y 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		3465.72
	(b) Cash on Hand at Beginning of Reporting Period	3625.72	
	(c) Total Receipts (from Line 19)	110.00	640.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	3735.72	4105.72
7.	Total Disbursements (from Line 31)	80.00	450.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3655.72	3655.72
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	449726.38	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

X

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From: 10		To: 11 26 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	110.00	640.00
(iii) TOTAL (add	110.00	640.00
Lines 11(a)(i) and (ii)▶	, 110.00	040.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	110.00	640.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	110.00	640.00
Total Federal Receipts		
· · · · · · · · · · · · · · · · · · ·		

(subtract Line 18(c) from Line 19)►

110.00

640.00

Page 3

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	80.00	445.00
(c) Total Operating Expenditures	80.00	445.00
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		7 7 7
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	7 7 *	
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	5.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	5.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29, and 30(c))	00.00	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	80.00	450.0
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	80.00	450.00

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I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	110.00	640.00
I. Total Contribution Refunds (from Line 28(d))	0.00	5.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	110.00	635.00
add Line 21(a)(i) and Line 21(b))	80.00	445.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	80.00	445.00

SCHEDULE B (FEC Form 3X)		FOR LI	NE NUM	BER:				PAGE	6	OF 143	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)(checkfor each category of theImage: Check		check only one) X 21b 22 23 24 25						26		
	Detailed Summary Page			22 28a		23 28b		4 8c	29	30t	
Any information copied from such Reports and Sta or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)	_										
National Democratic Policy Com	nittee										
Full Name (Last, First, Middle Initial)			Da	te of	Disb	urse	ment				
				M	/	D		Y	YY	Y	
Mailing Address 2911 DIXWELL AVE				10		0	5	2	2012		
City HAMDEN	StateZip CodeCT06518		г	ransa	actio	n ID	: 0100	00091	01000	008601	
Purpose of Disbursement EFT PROCESSING FEE			Ar	nount	of Ea	ach	Disbu	rsemer	nt this	Period	
Candidate Name		Category/ Type	10		,			,	4(0.00	
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial) B. EFT CORPORATION				te of	Disb	urse		V	YY	Y	
Mailing Address 2911 DIXWELL AVE				11	/	0			2012	Ŷ	
City HAMDEN	StateZip CodeCT06518		1	rans	actio	n ID	: 0100	00092	01000	008701	
Purpose of Disbursement EFT PROCESSING FEE			Ar	nount	of Ea	ach	Disbu	rsemer	nt this	Period	
Candidate Name		Category/ Type	- I C		,			,	4	0.00	
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)			Da	te of	Disb						
Mailing Address				- M	/	D	D /	Y	ΥΥ	Y	
City	State Zip Code										
Purpose of Disbursement				t	of E	aab	Diebuu		t this	Deried	
Candidate Name		Category/ Type	Ar	iount	OTE	acn	Disbui	rsemer	nt this	Period	
Senate President	sement For: Primary General Other (specify) ▼							,			
State: District:				_							
SUBTOTAL of Disbursements This Page (optional)			_	- 7	_		,		0.00	
TOTAL This Period (last page this line number of	ıly)					_	_	7	80	0.00	

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 7 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0010000004
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) HARVEY E. HASCALL	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2137 S 1150 EAST	Other (specify)
City BOUNTIFUL State UT ZIP Co	ode 84010
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M 12 / 22 / 1986 M 11 / 28 / Y	1987 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Image# 12961439781

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 8 OF 143 FOR LINE 13 OF FORM 3X

	Betallod Bullinary Tage			
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000002009			
National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
ALBERT E MC NAIR	[PERSONAL FUNDS]			
	General			
Mailing Address 1657 EDDY DR	Other (specify)			
City NORTH TONAWANDA State NY ZIP Cod	de 14120			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS	Laterat Data Octover			
Date Incurred Date Due	Interest Rate Secured:			
09 / 24 / 1984 12 / 24 / Y	1984 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
3. Full Name (Last, First, Middle Initial)	Outstanding:			
5. Full Name (Last, First, Midule Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	▶ 1000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s)	
for each category of the	ſ
Detailed Summary Page	l

PAGE 9 OF 143 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000002886
,	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
ESTHER E. WILSON	Primary
	General
Mailing Address 6241 WARNER #132	Other (specify)
City HUNTINGTON BEACH State CA	ZIP Code 92647
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS Date Incurred Date	ate Due Interest Rate Secured:
04 / 30 / Y Y Y Y M04 / 30 30	/ 1985 1200.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	August
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
	5000.00
SUBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	······ · · · · · · · · · · · · · · · ·
	line. If no Schedule D, carry forward to appropriate line of Summary.
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Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 10 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000003820
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MINEHART EDSEN	Primary
	General
Mailing Address 1949 S MANCHESTER AVE	Other (specify)
SPACE 104	
City ANAHEIM State CA ZIP Co	de 92802
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
700.00	0.00
700.00	0.00 700.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
08 14 1984 11 14 Y	1984 0.00 % (apr) Yes X No
	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State Zir Oue	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
O Full Name (Lest First Middle Initial)	Outstanding.
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
	-
SUBTOTALS This Period This Page (optional)	700.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 11 OF 143 FOR LINE 13 OF FORM 3X

	Botalloa Gallinaly Fago
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000003823
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1949 S MANCHESTER AVE SPACE 104	Other (specify)
	de ₉₂₈₀₂
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1250.00	0.00 , 1250.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1250.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summarv.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 12 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000004982
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
EUGENE L DRUSELL	[PERSONAL PONDS]
	General
Mailing Address	Other (specify)
Mailing Address 1704 SAWYER	
	ZIP Code 91790
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
	ate Due Interest Rate Secured:
Mom / Dob / Y <td>/ 1984 0.00 % (apr) Yes ∑ No</td>	/ 1984 0.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
-	
SUBTOTALS This Period This Page (optional)	1000.00
-0- (-r····)	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

PAGE 13 OF 143 FOR LINE 13 OF FORM 3X

	Detailed Summary Page
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000004983
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	REPSONAL FUNDS
EUGENE L DRUSELL	[PERSONAL FUNDS]
	General
Mailing Address 1704 SAWYER	Other (specify)
City WEST COVINA State CA ZIP Co	de 91790
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	Interact Data Coouradi
Date Incurred Date Due	Interest Rate Secured:
08 08 1984 11 08	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	• • • • • • • • • • • • • • • • • • •
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 14 OF 143 FOR LINE 13 OF FORM 3X

	, , ,
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000005986
National Democratic Fully Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	IPERSONAL FUNDS
BILL SUEDKAMP	[PERSONAL FUNDS] Election:
	General
Mailing Address 1211 DOUGLAS HWY	Other (specify)
City GILLETTE State WY ZIP Co	ode 82716
Original Amount of Loan Cumulative Payment To	
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
09 / 26 / Y Y Y Y O O O / Y O O O / Y O O O O O	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Addroop	Occuration
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	·
CURTOTAL O This Desired This Desire (1911)	1000.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······
	, , ,
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 15 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000005987
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
BILL SUEDKAMP	Primary
	General
Mailing Address 1211 DOUGLAS HWY	Other (specify)
	de 82716
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y 0.00
10 18 1984 12 18	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4. Full Name (Last, First, Middle Initial)	Outstanding:
T. I un Marine (Last, I inst, Minune IIIIIdi)	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary

Use separate schedule(s)	
for each category of the	Γ
Detailed Summary Page	L

PAGE 16 OF 143 FOR LINE 13 OF FORM 3X

	Detailed Summary Lage
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000006929
LOAN SOURCE Full Name (Last, First, Middle Initial) HENRY C MAYBERRY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 8071 E 19TH ST	Other (specify)
City WESTMINSTER State CA ZIP Cod	de 92683
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
$\begin{array}{c c} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	1985 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	······ •
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 17 OF 143 FOR LINE 13 OF FORM 3X

		, ,	
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee	Tran	saction ID : LOAN0000007139
LOAN SOURCE Full Name (Last, First, Mic	dle Initial)		Election:
RONALD TAI HO CHOI		[PERSONAL FUNDS]	Primary General
Mailing Address 35797 BLAIR PL			Other (specify)
City FREMONT		de 94536	
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
500.00		0.00	500.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M M / D 28 / Y Y Y Y 09 / 28 / 1984	M M / D D / Y 09 / 28 / Y	1985 0.00	
List All Endorsers or Guarantors (if any) to	o Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	A)
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Cibi	ZID Code	Amount	
City State	ZIP Code	Guaranteed Outstanding:	-19. I I -19. I I -19. I
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Chat	ZID Codo	Amount	
City State	ZIP Code	Guaranteed Outstanding:	-y
SUBTOTALS This Period This Page (optional).			500.00
TOTALS This Period (last page in this line only			
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for each category of the	Γ
Detailed Summary Page	

PAGE 18 OF 143 FOR LINE 13 OF FORM 3X

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000009055
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
ROBERT C MCKINNEY	Primary
	General
Mailing Address PO BOX 3245	Other (specify)
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
10 22 1984 10 22	1985 Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
Oity Slate ZIF Oute	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	Γ
Detailed Summary Page	

PAGE 19 OF 143 FOR LINE 13 OF FORM 3X

	Detailed Summary Page
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000009557
·	
LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT LOFTUS	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2446 N SUMMIT	Other (specify)
City DECATUR State IL ZIP Co.	de 62526
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
$\begin{array}{c c} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	1985 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	ł
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Detailed Summary Page	

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PAGE 20 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000010472
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
SCOTT BEARD	Primary
	General
Mailing Address 4125 HAWTHORNE	Other (specify)
- 4123 HAWTHORNE	
City DALLAS State TX ZIP Cod	de 75202
Original Amount of Loan Cumulative Payment To	
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
04 09 1984 07 09 / Y	1984 0.00 % (apr) Yes X №
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZID Code	Amount
City State ZIP Code	Guaranteed Outstanding:
4 Full Nome (Leet First Middle 1-11-1)	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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PAGE 21 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010652
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) NANCY J STEINER	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2809 GREER RD	Other (specify)
	de 94303
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 , 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
12 / 29 / Y Y Y Y Y 12 / 12 / 12	Y 987 Y 0.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page	

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AGE 22 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000011262
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RAY BRANDENBERG	Primary
	General
Mailing Address 1303 AMORETTI	Other (specify)
	de 82443
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
200.00	0.00 200.00
TERMS Date Incurred Date Due	Internet Data
	Interest Rate Secured:
	1984 1800.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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	no Sekedulo D. como formandata anticia di C.
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PAGE 23 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000011993
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) JACKSON B BREEZE	[PERSONAL FUNDS] Election: Primary General
Mailing Address 419 QUARTZ ST	Other (specify)
City REDWOOD CITY State CA ZIP Co	ode 94062
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
11 / D D / Y Y Y Y M 03 / D D / Y 11 03 / 1984	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
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Detailed Summary Page	

PAGE 24 OF 143 FOR LINE 13 OF FORM 3X

	Bolanda Cammary Pago
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012031
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RICHARD ROPER	Primary
	General
Mailing Address 630 W DUARTE RD #33	Other (specify)
	de 91016
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
05 31 1984 11 30	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Address	
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 25 OF 143 FOR LINE 13 OF FORM 3X

	, ,
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000012946
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
FLOYD T WRIGHT	Primary
	General
Mailing Address 4207 PATRICIA ST	Other (specify)
	de 94536
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y	
08 24 1984 11 24	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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for each category of the	
Detailed Summary Page	

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AGE 26 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000013379
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MARGARET MAMULA	Primary
	General
Mailing Address 4321 N EL BURRITO	Other (specify)
	de 85705
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	latente Data a constante
Date Incurred Date Due	Interest Rate Secured:
06 / 15 / Y Y Y Y MOM / D D / Y 15 1984 08 15	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
CURTOTALS This Derind This Deres (antisand)	1000.00
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Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 27 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000013410
National Democratic Policy Committee	······································
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL DRAKE	[PERSONAL FUNDS] Election:
	General
Mailing Address RT 4 BOX 126	Other (specify)
City DEXTER State MO ZIF	Code 63841
Original Amount of Loan Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS	
Date Incurred Date	
06 19 1984 08 19	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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Carry outstanding balance only to LINE 3. Schedule D. for this lin	e. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 28 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000017823
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
HAROLD N LYNGE MD	Primary
	General
Mailing Address 2 S 13TH ST	Other (specify)
	de 95112
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
08 08 1984 10 08	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

PAGE 29 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018351
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GREGORY R WOLF	Primary
	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
300.00	0.00 300.00
TERMS Date Incurred Date Due	Interest Rate Secured:
08 14 1984 11 14	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	300.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page	

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PAGE 30 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018352
National Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GREGORY R WOLF	Primary
	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
08 / 14 / Y Y Y Y Y 11 / 14 / Y	0.00 % (apr) Yes X №
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
O Full Nome (Least First Middle Litter)	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	1
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 31 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018353
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GREGORY R WOLF	Primary
	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date Due	Interest Rate Secured:
Mos / D / Y Y Y Y M M / D D / Y 08 / 14 / 1984 11 / 14 / Y	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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Use separate schedule(s)		
for each category of the		
Detailed Summary Page		

PAGE 32 OF 143 FOR LINE 13 OF FORM 3X

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018611	
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:	
WILLIAM O MC KAY	Primary	
	General	
Mailing Address 4627 W 137TH PL	Other (specify)	
City HAWTHORNE State CA ZIP Cod	de ₉₀₂₅₀	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00	
TERMS		
Date Incurred Date Due	Interest Rate Secured:	
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List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	America	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
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AGE 33 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID : LOAN0000018612 National Democratic Policy Committee IPERSONAL FUNDS1 ALFRED MONTEROS IPERSONAL FUNDS1 ALFRED MONTEROS Primary Mailing Address 1210 W PUENTE AVE City WEST COVINA State CA ZIP Code 91790 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of Thi M8 ^M / D ¹ D ⁰ / 1984 M1 ^M / D ¹ D ⁰ / 1984 0.00 % (apr) Vess Vess Outer red Interest Rate Secured: M8 ^M / D ¹ D ⁰ / 1984 M1 ^M / D ¹ D ⁰ / 1984 0.00 % (apr) Yes List All Endorsers or Guarantors (if any) to Loan Source Interest Rate Secured: 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Occupation Amount Guaranteed Occupation Amount City State ZIP Code Amount Quaranteed Occupation Amount Amount State ZIP Code Occupation Amount State ZIP Code<	
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Mailing Address Occupation	
Amount	1
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Mailing Address Occupation	
Amount	1
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Sur	nmary.

Use separate schedule(s)	
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Detailed Summary Page	

PAGE 34 OF 143 FOR LINE 13 OF FORM 3X

	, , ,
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018817
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
LEONARD K NITZ	Primary
	General
Mailing Address 5343 CALLISTER AVE	Other (specify)
	P Code 95819
Original Amount of Loan Cumulative Paymen	nt To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date	Due Interest Rate Secured:
M m / D p / Y Y Y Y M m / D p / 08 / 20 / 1984 11 / 20 /	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed Outstanding:
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35 OF 143 PAGE

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IAME OF COMMITTEE (In Full)		Tran	saction ID : LOAN0000019658
National Democratic Policy Comm	nittee		
LOAN SOURCE Full Name (Last, First, N	(iddle_loitiol)		Election:
WARREN BANDY	noule milial)	[PERSONAL FUNDS]	Primary
			General
Mailing Address 934 TAMARACK LN #6			Other (specify)
City SUNNYVALE	State CA ZIP Cod	de 94086	
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
1000.00		0.00	1000.00
7 7 7	7 7 7	0.00	1000.00
TERMS			
Date Incurred	Date Due	Interest Rate	
09 06 1984	12 06	1984 0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Cooupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	/Ţ /Ţ
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7 7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
	211 0000	Outstanding:	g
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AGE 36 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000019945
LOAN SOURCE Full Name (Last, First, Middle Initial) IAN MC CLASHAN Mailing Address 245 W LORRAINE ST APT 121	[PERSONAL FUNDS] Election: Primary General Other (specify) ▼
City GLENDALE State CA ZIF	P Code 91202
Original Amount of Loan Cumulative Paymer	
1500.00	0.00 1500.00
TERMS Date Incurred Date	Due Interest Rate Secured:
09 / 10 / 1984 M 12 / 10 /	^Y Y Y Y Y 1984 0.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1500.00
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Carry outstanding balance only to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

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PAGE 37 OF 143 FOR LINE 13 OF FORM 3X

	, ,
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000021069
LOAN SOURCE Full Name (Last, First, Middle Initial) LOUIS HARDING	[PERSONAL FUNDS] Election: Primary General
Mailing Address 815 N MADISON	Other (specify)
City PIERRE State SD ZIP Co	de 57501
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M 09 / D27 / Y Y Y M 03 / D27 / Y	1985 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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PAGE 38 OF 143 FOR LINE 13 OF FORM 3X

	Botallou ourmilary r ago
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000021171
,	
LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON	[PERSONAL FUNDS] Election: Primary General
Mailing Address RR 1	Other (specify)
	de 51301
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	100.00 900.00
TERMS Date Incurred Date Due	Interest Rate Secured:
09 / 28 / Y Y Y Y O3 / 28 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	900.00
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PAGE 39 OF 143 FOR LINE 13 OF FORM 3X

	, ,
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000021412
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	
MARJORIE CZECZOK	[PERSONAL FUNDS] Election:
	General
	Other (specify)
Mailing Address 820 LAKE ST S	
City KIRKLAND State WA ZIP Co	ode 98033
Original Amount of Loan Cumulative Payment To	D Date Balance Outstanding at Close of This Period
050.00	50.00
250.00	50.00 200.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
10 25 1984 11 25	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State Zir Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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PAGE 40 OF 143 FOR LINE 13 OF FORM 3X

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000022667	
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)		
ROBERT A FUDO	[PERSONAL FUNDS] Election:	
	General	
Mailing Address 24922 MUIRLANDS SP 36	Other (specify)	
24922 WUIKLANDO OF 30		
City EL TORO State CA ZIP Cod	de 92630	
Original Amount of Loan Cumulative Payment To		
750.00	0.00 750.00	
TERMS	Internet Data Coouradi	
Date Incurred Date Due	Interest Rate Secured:	
10 22 1984 01 22	1985 0.00 % (apr) Yes X No	
	/ (op.)	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding.	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Iviaining Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
,	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
SUBTOTALS This Period This Page (optional)	▶ 750.00	
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PAGE 41 OF 143 FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023255
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
KEITH J ORR	Primary
	General
Mailing Address 441 PUERTO PL	Other (specify)
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
10 / 24 / Y 1984 12 / 24 / Y	^Y 1984 0.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
, I	
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Use separate schedule(s)	
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PAGE 42 OF 143 FOR LINE 13 OF FORM 3X

Transaction ID : LOAN0000023300
[PERSONAL FUNDS] Election: Primary General
Other (specify)
ode 91356
Date Balance Outstanding at Close of This Period
0.00 800.00
Interest Rate Secured:
1985 0.00 % (apr) Yes X No
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
800.00
no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
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Detailed Summary Page	

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PAGE 43 OF 143 FOR LINE 13 OF FORM 3X

	, , ,
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	REPSONAL FUNDS
JACOB S PAINTER	[PERSONAL FUNDS] Election:
	General
Mailing Address 4371 SUNRISE DR	Other (specify)
City CASPER State WY ZIP Co	de 82604
Original Amount of Loan Cumulative Payment To	
250.00	0.00 250.00
TERMS	Internet Data Convert
Date Incurred Date Due	Interest Rate Secured:
10 22 1984 01 22	1985 0.00 % (apr) Yes X No
	· · (wp.)
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Address	
	Amount
City State ZIP Code	Guaranteed
-,	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Guidanding.
	250.00
SUBTOTALS This Period This Page (optional)	250.00
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PAGE 44 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023623
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RONALD A BOWDEN	Primary
	General
Mailing Address 46 SOMERSET AVE	Other (specify)
City RIVERSIDE State RI ZIP Co	de 02915
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
10 22 1984 01 22	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	ſ
Detailed Summary Page	I

PAGE 45 OF 143 FOR LINE 13 OF FORM 3X

	Detailed Barminary Fage
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023624
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) BRYCE JONES	[PERSONAL FUNDS] Election: Primary General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
	de 84025
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
10 / 22 / Y Y Y Y O1 / 22 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 46 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000023627
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
MRS BRYCE JONES	[PERSONAL FUNDS] Election:
	General
Mailing Addross	Other (specify)
Mailing Address 213 W OAKRIDGE DR	
City FARMINGTON State UT	ZIP Code 84025
Original Amount of Loan Cumulative Payr	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	to Due de laterrat Data de Carros d
Date Incurred Da	te Due Interest Rate Secured:
10 22 1984 01 22	1985 0.00 % (apr) Yes X No
	/* (upr)
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······
	Real King Ochestele Discon (C. 11)
Carry outstanding balance only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 47 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023628
	- Flootion
LOAN SOURCE Full Name (Last, First, Middle Initial) MRS DONALD MILLS	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4495 WOODLAWN	Other (specify)
	de 77703
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 48 OF 143 FOR LINE 13 OF FORM 3X

	Botalloa Gallinaly Fago
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023683
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) AMY G BRAINARD	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1202 S GLADYS AVE	Other (specify)
	de 91776
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
10 / 25 / Y Y Y Y 10 / 25 / Y 1984	Y 985 0.00 % (apr) Yes X №
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······ • · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 49 OF 143 FOR LINE 13 OF FORM 3X

	, , , , , , , , , , , , , , , , , , ,
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000024453
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	(PEPSONAL EUNIDOL Election:
JAMES HOWARD PETERS	[PERSONAL FUNDS] Election:
	General
Mailing Address 2380 GRANADA AVE	Other (specify)
2380 GRANADA AVE	
City LONG BEACH State CA ZIP Co	de 90815
Original Amount of Loan Cumulative Payment To	
	Date Datance Outstanding at Close of This Pellou
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
11 / 26 / 1984 05 / 26 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
0. Tui Manie (Last, Flist, Midule Initial)	
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Addroso	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
CODICIALO TINO I CHOU TINO I AGE (Opticital)	
TOTALS This Period (last page in this line only)	·····
	no Cohodulo D. come forment to survey interior of C.
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 50 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000024908
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
LARS THELANDER	Primary
	General
Mailing Address 14 MOUNT CASTLE PL	Other (specify)
	de 37601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	laterast Data Coouradi
	Interest Rate Secured:
11 02 1984 02 02 1	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
2. Full Name (Least First Middle Initial)	Outstanding.
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summarv.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 51 OF 143 FOR LINE 13 OF FORM 3X

	, , ,
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000025202
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ALMA G UBER	[PERSONAL FUNDS] Election:
	General
Mailing Address 3447 STERNE ST	Other (specify)
3447 STERNE ST	
City SAN DIEGO State CA ZIP Co	ode 92106
Original Amount of Loan Cumulative Payment To	
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
11 07 1984 05 07	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4 Full Name (Last First Middle Initial)	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
1	1
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no schedule u, carry forward to appropriate line of Summary.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

PAGE 52 OF 143 FOR LINE 13 OF FORM 3X

	Detailed Summary Fage
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000026096
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GABRIEL DICK	Primary
	General
Mailing Address BOX 274	Other (specify)
	de 93921
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Y Y Y
11 30 1984 12 30	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
2. Full Name (Last, First, Middle Initial)	Outstanding:
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summarv.

Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 53 OF 143 FOR LINE 13 OF FORM 3X

	, ,
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000032658
,	
LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN PRICE	[PERSONAL FUNDS] Election: Primary General
Mailing Address 101 S COTTAGE RD	Other (specify)
City STERLING State VA ZI	P Code 22170
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS Date Incurred Date	Due Interest Rate Secured:
Mos / Dob / Y Y Mos / Dob / <td>1986 0.00 % (apr) Yes No</td>	1986 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	750.00
TOTALS This Period (last page in this line only)	▶ 41400.00
Carry outstanding balance only to LINE 3, Schedule D, for this lin	ne. If no Schedule D, carry forward to appropriate line of Summary.

Image# 12961439827				
SCHEDULE D (FEC Form 3X)		(1)	PAGE 54 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
		for each	(check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full)				
National Democratic Policy Commit	ee			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of	Debt (Purpose):	
AIRBORNE FREIGHT CORP.		EXPRES	SS PACKAGE SERVICE	
Mailing Address P O BOX 662				
City State	Zip Code			
SEATTLE	WA 98111			
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112089	
12.50				
Amount Incurred This Period	Payment This Peri	od Outstar	nding Balance at Close of This Period	
0.00		0.00	12.50	
			7 7	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of	Debt (Purpose):	
AMFAC HOTEL		ROOM F	RENTAL	
Mailing Address P O BOX 1926				
City State	Zip Code			
	NM 87119			
ALBUQUERQUE				
		Transa	action ID : INV6010000112090	
Outstanding Balance Beginning This Period		Transa	action ID : INV6010000112090	
		Transa	action ID : INV6010000112090	
Outstanding Balance Beginning This Period	Payment This Peri		action ID : INV6010000112090	
Outstanding Balance Beginning This Period 198.49				
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period		od Outstar	nding Balance at Close of This Period	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt	Payment This Peri	0.00 Outstar	iding Balance at Close of This Period 198.49 Debt (Purpose):	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00	Payment This Peri	0.00 Outstar	nding Balance at Close of This Period 198.49	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON	Payment This Peri or or Creditor	0.00 Outstar	iding Balance at Close of This Period 198.49 Debt (Purpose):	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt	Payment This Peri or or Creditor	0.00 Outstar	iding Balance at Close of This Period 198.49 Debt (Purpose):	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON	Payment This Peri or or Creditor	0.00 Outstar	iding Balance at Close of This Period 198.49 Debt (Purpose):	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA	Payment This Peri or or Creditor	0.00 Outstar	iding Balance at Close of This Period 198.49 Debt (Purpose):	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City	Payment This Peri or or Creditor RD State Zip Code	Outstar	iding Balance at Close of This Period 198.49 Debt (Purpose):	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period	Payment This Peri or or Creditor RD State Zip Code	Outstar	Debt (Purpose): RENTALS	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period 139.00	Payment This Peri or or Creditor RD State Zip Code TX 76011	od Outstar 0.00 Nature of ROOM I	action ID : INV6010000112363	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period	Payment This Peri or or Creditor RD State Zip Code	od Outstar 0.00 Nature of ROOM I	Debt (Purpose): RENTALS	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period 139.00	Payment This Peri or or Creditor RD State Zip Code TX 76011	od Outstar 0.00 Nature of ROOM I	action ID : INV6010000112363	
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Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period 0.00	Payment This Peri or or Creditor RD State Zip Code TX 76011 Payment This Peri	od Outstar 0.00 Nature of ROOM Transi od Outstar 0.00	ading Balance at Close of This Period 198.49 Debt (Purpose): RENTALS action ID : INV6010000112363 ading Balance at Close of This Period 139.00	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period 0.00	Payment This Peri or or Creditor RD State Zip Code TX 76011 Payment This Peri	od Outstar 0.00 Nature of ROOM Transi od Outstar 0.00	ading Balance at Close of This Period 198.49 Debt (Purpose): RENTALS action ID : INV6010000112363 ading Balance at Close of This Period 139.00	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period 0.00	Payment This Peri or or Creditor RD State Zip Code TX 76011 Payment This Peri	od Outstar 0.00 Nature of ROOM Transi	ading Balance at Close of This Period 198.49 Debt (Purpose): RENTALS action ID : INV6010000112363 ading Balance at Close of This Period 139.00	
Outstanding Balance Beginning This Period 198.49 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt ARLINGTON HILTON Mailing Address 2401 EAST LAMAR BOULEVA City ARLINGTON Outstanding Balance Beginning This Period 139.00 Amount Incurred This Period 0.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	Payment This Peri or or Creditor RD State Zip Code TX 76011 Payment This Peri	od Outstar 0.00 Nature of ROOM Transi	ading Balance at Close of This Period 198.49 Debt (Purpose): RENTALS action ID : INV6010000112363 ading Balance at Close of This Period 139.00	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 55 OF 143
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee		X 10
A. Full Name (Last, First, Middle Initial) of Deb AUDIO VISUAL CENTER	otor or Creditor		ebt (Purpose): NT RENTAL
Mailing Address 235 NORTH BROAD STREET			
City State PHILADELPHIA	Zip Code PA 19107		
Outstanding Balance Beginning This Period 25.00		Transacti	on ID : INV6010000112091
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period 25.00
B. Full Name (Last, First, Middle Initial) of Debt AUDIO VISUAL HEADQUART			ebt (Purpose): NT RENTAL
Mailing Address 361 NORTH OAK STREET City State	Zip Code		
INGLEWOOD	CA 90301		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112092
11.08			
11.08 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
······································		Outstandin	ng Balance at Close of This Period 11.08
Amount Incurred This Period	0	Nature of D	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det	0	Nature of D	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det AVW AUDIO VISUAL INC	0	Nature of D	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Nature of D EQUIPMEN	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS	otor or Creditor State Zip Code	.00 Nature of D EQUIPMEN	11.08 ebt (Purpose): NT RENTAL
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64	otor or Creditor State Zip Code TX 75207 Payment This Period	.00 Nature of D EQUIPMEN	11.08 ebt (Purpose): NT RENTAL
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period	State Zip Code TX 75207 Payment This Period	000 Nature of D EQUIPMEN Transact Outstandin	11.08 ebt (Purpose): NT RENTAL ion ID : INV6010000112093 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00	State Zip Code TX 75207	000 Nature of D EQUIPMEN Transact Outstandin	11.08 ebt (Purpose): NT RENTAL ion ID : INV6010000112093 ng Balance at Close of This Period 65.64
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	otor or Creditor State Zip Code TX 75207 Payment This Period C er only) C	000 Nature of D EQUIPMEN Transact Outstandin	11.08 ebt (Purpose): NT RENTAL ion ID : INV6010000112093 ng Balance at Close of This Period 65.64

SCI	HEDULE D (FEC Form 3X)				PAGE 56 OF 143
	BTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:
	uding Loans			for each abered line)	(check only one) 9
			Iun	ibered line)	X 10
	ational Democratic Policy Committee	e			
1	A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
	BANK OF THE COMMONWEA	LTH		MISC. EXP	ENSE
٦	Mailing Address PO BOX 32900			_	
(City State	Zip Code		-	
	DETROIT	MI 48232			
	Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112095
	1430.00				
		Denne This D		O data da di	Delanas et Olassa (This Deviad
	Amount Incurred This Period	Payment This Pe	eriod	Outstandir	ng Balance at Close of This Period
	0.00		0.00		1430.00
Ļ	2. Full Name (Last First Middle Initial) of Dahter	or Creditor		Noture of D	alat (Dumana)
	3. Full Name (Last, First, Middle Initial) of Debtor BELMONT RESTAURANT	or Creditor		ROOM REI	ebt (Purpose): NTALS
	BEEMONT RESTAURANT				
٢	Mailing Address 541 LEXINGTON AVE.			-	
	City State	Zip Code			
	NEW YORK	NY 10022			
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112096
	110.00				
	Amount Incurred This Period	Payment This Pe	ariod	Outstandir	ng Balance at Close of This Period
		r dymont rms r c		Outstantun	
	0.00		0.00		110.00
	C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
Ì	BROWN PALACE HOTEL			ROOM RE	
r	Mailing Address P.O. BOX 1440				
	City	State Zip Code		-	
	DENVER	CO 80201			
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112097
	273.00				
		December 71		O data da di	Delanas et Olassa et Thia Deviad
	Amount Incurred This Period	Payment This Pe	eriod	Outstandir	ng Balance at Close of This Period
	0.00		0.00		273.00
$-\perp$					
	SUBTOTALS This Period This Page (optional)				1813.00
<u> </u>	SUBTOTIALS THIS FEROL THIS Fage (optional)				
2)	TOTALS This Period (last page this line number	only)	►		7
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►		7 7 7
4)	ADD 2) and 3) and carry forward to appropriate	line of Summarv Page (last	page only)		
1 1	, , ,				7 7

SCHEDULE D (FEC Form 3X)		[PAGE 57 OF 143
		(Use separate	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	\mathbf{X} 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
BRUKOFF, BERAS & STEWAI	RT,P.C.		S-ZIÈGLER/ĆONG
Mailing Address 3000 TOWN CENTER SUITE 2550			
City State	Zip Code		
SOUTHFIELD	MI 48075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112099
285.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	285.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS	3	PRESS RE	LATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000111880
2700.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	2700.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATION	S	RENT	
Martha e Aslaba e			
Mailing Address P.O. BOX 17726			
City	State Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000111909
64.51			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	64.51
1) SUBTOTALS This Period This Page (optional)		►	3049.51
2) TOTALS This Period (last page this line number	опіу)		5 5 6
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	only) ►	7 7 7 7

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 58 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	96		
A. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION		Nature of D ADVERTIS	ebt (Purpose): ING
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period 1567.00		Transacti	on ID : INV6010000111912
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	, , , , , , , , , , , , , , , , , , ,	0.00	1567.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of D ADVERTIS	ebt (Purpose): ING
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111913
Outstanding Balance Beginning This Period 60.00		Transact	ion ID : INV6010000111913
	Payment This Period		ion ID : INV6010000111913
60.00			
60.00 Amount Incurred This Period	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 60.00 ebt (Purpose):
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 60.00 ebt (Purpose):
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	r or Creditor S State Zip Code	Outstandir	ng Balance at Close of This Period 60.00 ebt (Purpose):
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7316.85	r or Creditor S State Zip Code DC 20041	Outstandin 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	r or Creditor S State Zip Code DC 20041 Payment This Period	Outstandin 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE
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60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7316.85 Amount Incurred This Period 0.00	r or Creditor S State Zip Code DC 20041 Payment This Period	Outstandin 0.00 Nature of D SUBSCRIF Transact Outstandin	ng Balance at Close of This Period 60.00 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000111914 ng Balance at Close of This Period 7316.85
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SCHEDULE D (FEC Form 3X)				PAGE 59 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
			RENT	
	, 			
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000111915
800.00				
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		0	0.00	800.00
				-y
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
CAMPAIGNER PUBLICATIONS			PHOTOCC	PIER USAGE
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
	00	20011		
Outstanding Delense Deginning This Deried			T	
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000111916
Outstanding Balance Beginning This Period 250.00			Transact	tion ID : INV6010000111916
	Payme	nt This Period		tion ID : INV6010000111916
250.00	Payme			
250.00 Amount Incurred This Period 0.00			Outstandi	ng Balance at Close of This Period 250.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Outstandin .00 Nature of D	ng Balance at Close of This Period
250.00 Amount Incurred This Period 0.00	or Creditor		Outstandin .00 Nature of D	ng Balance at Close of This Period 250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Outstandin .00 Nature of D	ng Balance at Close of This Period 250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	0	Outstandin .00 Nature of D	ng Balance at Close of This Period 250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Outstandin .00 Nature of D	ng Balance at Close of This Period 250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	or Creditor	0 Zip Code	Outstandin .00 Nature of D TELECOM	ng Balance at Close of This Period 250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	or Creditor	0 Zip Code	Outstandin .00 Nature of D TELECOM	ng Balance at Close of This Period 250.00 Pebt (Purpose): MUNICATIONS
250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00	State DC	0 Zip Code 20041	Outstandii .00 Nature of D TELECOM	ng Balance at Close of This Period 250.00 ebt (Purpose): MUNICATIONS
250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period	State DC	Zip Code 20041	Outstandii .00 Nature of D TELECOM Transact	ng Balance at Close of This Period 250.00 ebt (Purpose): MUNICATIONS
250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00	State DC	Zip Code 20041	Outstandii .00 Nature of D TELECOM	ng Balance at Close of This Period 250.00 ebt (Purpose): MUNICATIONS
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SCHEDULE D (FEC Form 3X)			PAGE 60 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each	(check only one) 9
-		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS		PRESS RE	LATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State	Zip Code		
City State WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000111918
8170.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00	0	0.00	8170.00
			- /j
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D ADVERTIS	ebt (Purpose):
CAMPAIGNER PUBLICATIONS		ADVERTIS	
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
		· · · · · · · · · · · · · · · · · · ·	
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111919
Outstanding Balance Beginning This Period 1310.00		Transact	ion ID : INV6010000111919
	Payment This Period		
1310.00 Amount Incurred This Period		Outstandir	ion ID : INV6010000111919 Ig Balance at Close of This Period 1310.00
1310.00			ng Balance at Close of This Period
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
1310.00 Amount Incurred This Period 0.00	or Creditor	Outstandir	ng Balance at Close of This Period 1310.00
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	or Creditor	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose):
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON	or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 1310.00 ebt (Purpose): PTIONS PURCHASE
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	or Creditor State Zip Code	Outstandir .00 Nature of D SUBSCRIF	ng Balance at Close of This Period 1310.00 ebt (Purpose): PTIONS PURCHASE
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 11948.30	or Creditor State Zip Code DC 20041 Payment This Period	Outstandir .00 Nature of D SUBSCRIF	ag Balance at Close of This Period 1310.00 ebt (Purpose): TIONS PURCHASE
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 11948.30 Amount Incurred This Period 0.00	or Creditor State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ag Balance at Close of This Period 1310.00 ebt (Purpose): TIONS PURCHASE ion ID : INV6010000111920 ag Balance at Close of This Period 11948.30
1310.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 11948.30 Amount Incurred This Period	or Creditor State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ag Balance at Close of This Period 1310.00 ebt (Purpose): PTIONS PURCHASE
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SCHEDULE D (FEC Form 3X)		(1100.00)	arata	PAGE 61 OF 143
DEBTS AND OBLIGATIONS		(Use se schedu		
Excluding Loans		for ea numbere		eck only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committ	ee			
		1		
A. Full Name (Last, First, Middle Initial) of Debto			ture of Debt (P ENT	urpose):
CAMPAIGNER PUBLICATION	5			
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC 20041			
Outstanding Balance Beginning This Period		т	ransaction ID	: INV6010000111921
800.00				
Amount Incurred This Period	Payment This Per	riod C	outstanding Bal	ance at Close of This Period
0.00		0.00		800.00
B. Full Name (Last, First, Middle Initial) of Debtor	ar Craditar	No	ure of Debt (P	
				• •
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC 20041			
WASHINGTON	20			
			Transaction ID	: INV6010000111922
Outstanding Balance Beginning This Period			Transaction ID	: INV6010000111922
Outstanding Balance Beginning This Period 250.00				
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period	Payment This Per	riod C		ance at Close of This Period
Outstanding Balance Beginning This Period 250.00				
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Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period	Payment This Per	riod C 0.00 Na		ance at Close of This Period 250.00 urpose):
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Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Payment This Per	riod C 0.00 Na	Outstanding Bal	ance at Close of This Period 250.00 urpose):
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION	Payment This Per	riod C 0.00 Na	Outstanding Bal	ance at Close of This Period 250.00 urpose):
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726	Payment This Per pr or Creditor S	riod C 0.00 Na	Outstanding Bal	ance at Close of This Period 250.00 urpose):
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City	Payment This Per or or Creditor S State Zip Code	riod C 0.00 Na Ti	Dutstanding Bal	ance at Close of This Period 250.00 urpose):
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON	Payment This Per or or Creditor S State Zip Code	riod C 0.00 Na Ti	Dutstanding Bal	ance at Close of This Period 250.00 hurpose): CATIONS
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00	Payment This Per pr or Creditor S State Zip Code DC 20041	riod C 0.00 Na Ti	Dutstanding Bal	ance at Close of This Period 250.00 urpose): CATIONS
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SCHEDULE D (FEC Form 3X)		[]	PAGE 62 OF 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		ebt (Purpose): LATIONS SERVICE
CAMPAIGNER PUBLICATIONS	3	FRESS RE	LATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000111924
8170.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	8170.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS		ADVERTIS	NG
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
WASHINGTON	DC 20041		
		_	
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111925
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Exclud	ling Loans			ered line)	
NAME	OF COMMITTEE (In Full)			,	
	onal Democratic Policy Committee	ee			
Α.	Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose): TIONS PURCHASE
	CAMPAIGNER PUBLICATION	S		SUBSCRIP	HONS FORCHASE
Mai	ling Address P.O. BOX 17726				
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City	State	Zip Code			
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Mai	ling Address P.O. BOX 17726				
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C. Mai City WA C	40.00 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS ling Address P.O. BOX 17726 INSHINGTON Dutstanding Balance Beginning This Period 7989.60 Amount Incurred This Period 0.00	r or Creditor S State Zip Code DC 20041 Payment This Period	0.00	Outstandir Nature of Dr SUBSCRIF	ag Balance at Close of This Period 40.00 ebt (Purpose): TIONS PURCHASE
C. Mai City WA C	40.00 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS ling Address P.O. BOX 17726 SHINGTON Dutstanding Balance Beginning This Period 7989.60 Amount Incurred This Period 0.00	r or Creditor S State Zip Code DC 20041 Payment This Period	0.00	Outstandir Nature of Dr SUBSCRIF	ag Balance at Close of This Period 40.00 ebt (Purpose): TIONS PURCHASE
C. Mai City WA C I I SU 2) TC	40.00 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS ling Address P.O. BOX 17726 SHINGTON Dutstanding Balance Beginning This Period 7989.60 Amount Incurred This Period 0.00	r or Creditor S State Zip Code DC 20041 Payment This Perioc	0.00	Outstandir Nature of Dr SUBSCRIF	ag Balance at Close of This Period 40.00 ebt (Purpose): TIONS PURCHASE
C. Mai City WA C City 2) TC 3) TC	40.00 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATION Ing Address P.O. BOX 17726 Ing Address P.O. BOX 17726 SHINGTON Dutstanding Balance Beginning This Period 7989.60 Amount Incurred This Period 0.00	r or Creditor S State Zip Code DC 20041 Payment This Period only) C (last page only)	0.00	Outstandir Nature of Dr SUBSCRIF	ag Balance at Close of This Period 40.00 ebt (Purpose): TIONS PURCHASE

SCHEDULE D (FEC Form 3X)		[]	PAGE 65 OF 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATION		RENT	
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112059
800.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATION			MUNICATIONS
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112060
Outstanding Balance Beginning This Period 1000.00		Transact	ion ID : INV6010000112060
1000.00	Payment This Period		
1000.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
1000.00			
1000.00 Amount Incurred This Period	tor or Creditor	Outstandir	ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 1000.00
C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 1000.00
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 1000.00
C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726	tor or Creditor JS State Zip Code	Outstandir 0.00 Nature of D RENT	ng Balance at Close of This Period 1000.00
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON	tor or Creditor JS State Zip Code	Outstandir 0.00 Nature of D RENT	ng Balance at Close of This Period 1000.00 ebt (Purpose):
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	tor or Creditor JS State Zip Code	Outstandir 0.00 Nature of D RENT Transact	ng Balance at Close of This Period 1000.00 ebt (Purpose):
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00	tor or Creditor JS State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D RENT Transact	ng Balance at Close of This Period 1000.00 ebt (Purpose):
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period	tor or Creditor JS State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D RENT Transact Outstandir	ng Balance at Close of This Period 1000.00 ebt (Purpose): ion ID : INV6010000112061 ng Balance at Close of This Period
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	tor or Creditor JS State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D RENT Transact Outstandir	ng Balance at Close of This Period 1000.00 ebt (Purpose): ion ID : INV6010000112061 ng Balance at Close of This Period 800.00
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	o tor or Creditor JS State Zip Code DC 20041 Payment This Period	Outstandir 0.00 Nature of D RENT Transact Outstandir 0.00 Outstandir	ng Balance at Close of This Period 1000.00 ebt (Purpose): ion ID : INV6010000112061 ng Balance at Close of This Period 800.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 66 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION			ebt (Purpose): MUNICATIONS
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period 1000.00		Transacti	on ID : INV6010000112062
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	C	0.00	1000.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID:INV6010000112063
800.00			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period 800.00
Amount Incurred This Period 0.00	0	0.00	800.00
Amount Incurred This Period	or or Creditor	Nature of D	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	800.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION	or or Creditor	Nature of D	800.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	or or Creditor S State Zip Code	0.00 Nature of D TELECOM	800.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON	or or Creditor S State Zip Code	0.00 Nature of D TELECOM	800.00 ebt (Purpose): MUNICATIONS
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00	or or Creditor S State Zip Code DC 20041 Payment This Period	0.00 Nature of D TELECOM	800.00 ebt (Purpose): MUNICATIONS ion ID : INV6010000112064
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period	or or Creditor S State Zip Code DC 20041 Payment This Period	0.00 Nature of D TELECOM Transact Outstandin 0.00	800.00 ebt (Purpose): MUNICATIONS ion ID : INV6010000112064 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00	or or Creditor S State Zip Code DC 20041 Payment This Period	0.00 Nature of D TELECOM Transact Outstandir	800.00 ebt (Purpose): MUNICATIONS ion ID : INV6010000112064 ng Balance at Close of This Period 1000.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	only)	0.00 Nature of D TELECOM Transact Outstandin 0.00	800.00 ebt (Purpose): MUNICATIONS ion ID : INV6010000112064 ng Balance at Close of This Period 1000.00

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SCHEDULE D (FEC Form 3X)		(Lies concrete	PAGE 67 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
-		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	مد		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Debt (Purpose): RENTALS
CAPITOL PLAZA			CENTALS
Mailing Address 240 WEST STATE STREET			
City State	Zip Code NJ 08608		
TRENTON	NJ 08608		
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112103
93.10			
Amount Incurred This Period	Payment This Pe	eriod Outstan	ding Balance at Close of This Period
0.00		0.00	93.10
0.00		0.00	, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):
CAPITOL PLAZA HOTEL		ROOM F	RENTALS
Mailing Address HOLIDAY INN			
300 J STREET City State	Zip Code		
SACRRAMENTO	CA 95814		
Outstanding Balance Beginning This Period		Transa	action ID : INV6010000112102
		Transa	action ID : INV6010000112102
15.78	Demond This D		
	Payment This Pe		ding Balance at Close of This Period
15.78	Payment This Pe		
15.78 Amount Incurred This Period 0.00		o.00 Outstan	ding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	o.00 Outstan	ding Balance at Close of This Period
15.78 Amount Incurred This Period 0.00	r or Creditor	o.00 Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	o.00 Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC	r or Creditor	o.00 Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC	r or Creditor	o.00 Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose):
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	r or Creditor	eriod Outstan 0.00 Nature of FLD OF	ding Balance at Close of This Period 15.78 Debt (Purpose): -C TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	r or Creditor	eriod Outstan 0.00 Nature of FLD OF	ding Balance at Close of This Period 15.78 Debt (Purpose):
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	r or Creditor	eriod Outstan 0.00 Nature of FLD OF	ding Balance at Close of This Period 15.78 Debt (Purpose): -C TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	r or Creditor	riod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): -C TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCO Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57	r or Creditor State Zip Code NY 10101	riod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): FC TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period	r or Creditor State Zip Code NY 10101	eriod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): FC TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00	r or Creditor State Zip Code NY 10101 Payment This Pe	eriod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): FC TELEPHONE USAGE action ID : INV6010000112274 ding Balance at Close of This Period 8023.57
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period	r or Creditor State Zip Code NY 10101 Payment This Pe	eriod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): FC TELEPHONE USAGE
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor State Zip Code NY 10101 Payment This Pe	eriod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): FC TELEPHONE USAGE action ID : INV6010000112274 ding Balance at Close of This Period 8023.57
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00	r or Creditor State Zip Code NY 10101 Payment This Pe	eriod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): -C TELEPHONE USAGE action ID : INV6010000112274 ding Balance at Close of This Period 8023.57
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor State Zip Code NY 10101 Payment This Pe	riod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): -C TELEPHONE USAGE action ID : INV6010000112274 ding Balance at Close of This Period 8023.57
15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCO Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	r or Creditor State Zip Code NY 10101 Payment This Pe only) C (last page only)	riod Outstan	ding Balance at Close of This Period 15.78 Debt (Purpose): -C TELEPHONE USAGE action ID : INV6010000112274 ding Balance at Close of This Period 8023.57

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 68 OF 143
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е		
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.			ebt (Purpose): INING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK	Zip Code NY 10101		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112275
1529.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	C	0.00	1529.35
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D FIELD OFF	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112281
2614.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	2614.35
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		ebt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748			
RADIO CITY STATION	State Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period 9834.85		Transact	ion ID : INV6010000112282
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	9834.85
1) SUBTOTALS This Period This Page (optional)			13978.55
2) TOTALS This Period (last page this line number of	only)		7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	▶	<u></u>
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page o	only) ►	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 69 OF 143
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e	1	
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.			ebt (Purpose): INING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK	Zip Code NY 10101		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112283
235.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	235.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor	Nature of D FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112284
2614.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	2614.35
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		ebt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748			
RADIO CITY STATION City	State Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period 7844.75		Transact	ion ID : INV6010000112285
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		0.00	7844.75
1) SUBTOTALS This Period This Page (optional)		►	10694.10
2) TOTALS This Period (last page this line number of	only)	····· ►	
3) TOTAL OUTSTANDING LOANS from Schedule C	; (last page only)	►	7 7 7
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last page c	only) 🕨	

SCHEDULE D (FEC Form 3X)			PAGE 70 OF 143
		(Use separate	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose):
CAUCUS DISTRIBUTORS IN	С.	FIELD OFF	ICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period 2614.35		Transactio	on ID : INV6010000112286
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		.00	2614.35
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC).	FLD OFFC	TELEPHONE USAGE
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
		L	
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112287
Outstanding Balance Beginning This Period 5250.00		Transact	ION ID : INV6010000112287
	Payment This Period		ig Balance at Close of This Period
5250.00			
5250.00 Amount Incurred This Period	tor or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748	tor or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION	tor or Creditor C.	Outstandir .00 Nature of D	ng Balance at Close of This Period 5250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City	tor or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	tor or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	tor or Creditor C. State Zip Code	Outstandir .00 Nature of D MTG PLAN	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71	tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN	ag Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period	tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN Transact Outstandir 0.00	ag Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288 ag Balance at Close of This Period
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period 0.00	tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN Transact Outstandir	ag Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288 ag Balance at Close of This Period 1151.71
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period 0.00	0 tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN Transact Outstandir •	ag Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288 ag Balance at Close of This Period 1151.71

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 71 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(check only one) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e		
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.		Nature of D FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK	Zip Code NY 10101		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000112289
2614.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	(0.00	2614.35
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
CAUCUS DISTRIBUTORS INC.		FLD OFFC	TELEPHONE USAGE
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112290
2296.00			
	Payment This Period	Outstandir	ng Balance at Close of This Period
Amount Incurred This Period	Payment This Period		g Balance at Close of This Period
		Outstandir	ng Balance at Close of This Period 2296.00
Amount Incurred This Period		0.00 Nature of D	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor		0.00 Nature of D	2296.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION	or Creditor	0.00 Nature of D	2296.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748		0.00 Nature of D	2296.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City	or Creditor State Zip Code	0.00 Nature of D FLD OFFC	2296.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	or Creditor State Zip Code	0.00 Nature of D FLD OFFC	2296.00 ebt (Purpose): TELEPHONE USAGE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	or Creditor State Zip Code	0.00 Nature of D FLD OFFC	2296.00 ebt (Purpose): TELEPHONE USAGE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00	or Creditor State Zip Code NY 10101 Payment This Period	0.00 Nature of D FLD OFFC	2296.00 ebt (Purpose): TELEPHONE USAGE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period	or Creditor State Zip Code NY 10101 Payment This Period 0	0.00 Nature of D FLD OFFC Transact Outstandir 0.00	2296.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112291 ag Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period 0.00	or Creditor State Zip Code NY 10101 Payment This Period 0	0.00 Nature of D FLD OFFC Transact Outstandir	2296.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112291 ng Balance at Close of This Period 10085.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or Creditor State Zip Code NY 10101 Payment This Period () only) ()	0.00 Nature of D FLD OFFC Transact Outstandir 0.00	2296.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112291 ng Balance at Close of This Period 10085.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 72 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	€		
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC		Nature of D FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION City State	Zip Code		
NEW YORK Outstanding Balance Beginning This Period	NY 10101	Transacti	on ID : INV6010000112292
2200.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.	.00	2200.00
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor	Nature of D FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK	Zip Code NY 10101		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112293
Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period	Payment This Period		ion ID : INV6010000112293
2000.00			
2000.00 Amount Incurred This Period	r or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION	0. r or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 2000.00 ebt (Purpose):
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748	r or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 2000.00 ebt (Purpose):
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	r or Creditor State Zip Code	Outstandir .00 Nature of D FLD OFFC	ng Balance at Close of This Period 2000.00 ebt (Purpose):
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	r or Creditor State Zip Code	Outstandir .00 Nature of Dr FLD OFFC	ebt (Purpose): TELEPHONE USAGE
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00	0. r or Creditor State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of Dr FLD OFFC	ng Balance at Close of This Period 2000.00 ebt (Purpose): TELEPHONE USAGE
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period	0. r or Creditor State Zip Code NY 10101 Payment This Period 0.	Outstandir .00 Nature of D FLD OFFC Transact Outstandir 0.00	ng Balance at Close of This Period 2000.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112294
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period 0.00	0. r or Creditor State Zip Code NY 10101 Payment This Period 0.	Outstandir .00 Nature of Dr FLD OFFC Transact Outstandir	ng Balance at Close of This Period 2000.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112294 ng Balance at Close of This Period 9170.00
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period 0.00	0. r or Creditor State Zip Code NY 10101 Payment This Period 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Outstandir .00 Nature of Dr FLD OFFC Transact Outstandir 0.00	ng Balance at Close of This Period 2000.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112294 ng Balance at Close of This Period 9170.00

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 73 OF 143
DEBTS AND OBLIGATIONS Excluding Loans			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.			Nature of D FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112295
2000.00				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	2000.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112296
9170.00				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	9170.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): INING FEES & EXPNS
Mailing Address PO BOX 748				
RADIO CITY STATION City		Zip Code		
NEW YORK Outstanding Balance Beginning This Period	NY	10101	Transact	ion ID : INV6010000112297
2144.91			Tunsact	101112 - 114400 10000 112237
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00	7	0.	00	2144.91
1) SUBTOTALS This Period This Page (optional)			►	, 13314.91
2) TOTALS This Period (last page this line number of	only)			7 7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		►	7
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary I	Page (last page on	ly) 🕨	7 7 7 7

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 74 OF 143
DEBTS AND OBLIGATIONS		schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	
National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose): 986 TEL USAGE CHG
CAUCUS DISTRIBUTORS IN	C.		
Mailing Address PO BOX 748			
RADIO CITY STATION			
City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112298
18135.97			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	18135.97
			7
B. Full Name (Last, First, Middle Initial) of Debte			ebt (Purpose):
CAUCUS DISTRIBUTORS INC	· · · · · · · · · · · · · · · · · · ·	RENT	
Mailing Address			
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transact	ion ID · INV6010000112299
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112299
Outstanding Balance Beginning This Period 2000.00		Transact	ion ID : INV6010000112299
	Payment This Period		ion ID : INV6010000112299 ng Balance at Close of This Period
2000.00			
2000.00 Amount Incurred This Period		Outstandii	ng Balance at Close of This Period
2000.00 Amount Incurred This Period	0	Outstandir	ng Balance at Close of This Period
2000.00 Amount Incurred This Period 0.00	tor or Creditor	Outstandin .00 Nature of D	ng Balance at Close of This Period 2000.00
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2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748	tor or Creditor	Outstandin .00 Nature of D	ng Balance at Close of This Period 2000.00 ebt (Purpose):
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION	tor or Creditor C.	Outstandin .00 Nature of D	ng Balance at Close of This Period 2000.00 ebt (Purpose):
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2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	tor or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 2000.00 ebt (Purpose): NE USAGE
C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City	tor or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 2000.00 ebt (Purpose):
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	tor or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 2000.00 ebt (Purpose): NE USAGE
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	tor or Creditor C. State Zip Code	Outstandin .00 Nature of D TELEPHO	ng Balance at Close of This Period 2000.00 ebt (Purpose): NE USAGE
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period	tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandin .00 Nature of D TELEPHO Transact Outstandin	ng Balance at Close of This Period 2000.00 ebt (Purpose): NE USAGE ion ID : INV6010000112300
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00	tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandin .00 Nature of D TELEPHO	ng Balance at Close of This Period 2000.00 ebt (Purpose): NE USAGE
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period	tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandin .00 Nature of D TELEPHO Transact Outstandin	ng Balance at Close of This Period 2000.00 ebt (Purpose): NE USAGE ion ID : INV6010000112300
2000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb CAUCUS DISTRIBUTORS IN Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period 0.00	0 tor or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandin .00 Nature of D TELEPHO Transact Outstandin 0.00	ng Balance at Close of This Period 2000.00 ebt (Purpose): NE USAGE ion ID : INV6010000112300
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				FOR LINE NUMBER:
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		Питнос		X 10
		i.		
Creditor			Nature of De MISC. EXP	ebt (Purpose): ENSES
Г				
7in Code				
NY	11750			
			Transactio	on ID : INV6010000112302
D				
Payr	nent This Period		Outstandın	ng Balance at Close of This Period
		0.00	L	760.00
Creditor			Nature of De	eht (Purnose).
Oreanor				ND LODGING
Zip Code				
OR	97041			
			Transacti	ion ID : INV6010000112378
Pavr	ment This Period		Outstandin	ng Balance at Close of This Period
. wy.		0.00		556.76
		0.00		330.70
r Creditor		1	Nature of De	ebt (Purpose):
			ROOM REI	NTALS
State	Zip Code			
NY	10610			
			Transacti	ion ID : INV6010000112303
Payr	ment This Period		Outstandin	ng Balance at Close of This Period
		0.00		120.00
		🕨		1436.76
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 76 OF 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each	(check only one) 9
-		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
COACHMAN INN & RESTAU		ROOM RE	NTALS
Mailing Address 10 JACKSON DRIVE			
City State	Zip Code		
CRANFORD	NJ 07016		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112304
150.00			
Amount Incurred This Period	Payment This Period	Outetandir	g Balance at Close of This Period
Amount mounta mist choa	r ayment mis r chou	Outstandin	
0.00	0	.00	150.00
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of D	ebt (Purpose):
DALE ANDERSON'S		ROOM REI	NTALS
Mailing Address 7041 FIRST AVE.			
City State	Zip Code		
SCOTTSDALE	AZ 85251		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112308
Outstanding Datance Deginning This Feriou		Transact	ION ID . IN V6010000112308
238.50			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
	r dyment mis r enod	Outotanian	
			238.50
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C. Full Name (Last, First, Middle Initial) of Deb		Nature of D	ebt (Purpose):
		Nature of D	
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ.		Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb		Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST	tor or Creditor	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City	tor or Creditor E 100 State Zip Code	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST	tor or Creditor	Nature of D	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City	tor or Creditor E 100 State Zip Code	Nature of D ATTORNE	ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period	tor or Creditor E 100 State Zip Code	Nature of D ATTORNE	ebt (Purpose): Y FEES & EXPENSES
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO	tor or Creditor E 100 State Zip Code	Nature of D ATTORNE	ebt (Purpose): Y FEES & EXPENSES
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period	tor or Creditor E 100 State Zip Code	Nature of D ATTORNE	ebt (Purpose): Y FEES & EXPENSES
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 306.35 Amount Incurred This Period	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 306.35	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period	Nature of D ATTORNE	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 306.35 Amount Incurred This Period	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 306.35 Amount Incurred This Period 0.00	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period 0	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period 306.35
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 306.35 Amount Incurred This Period	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period 0	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 0utstanding Balance Beginning This Period 0.00 1) SUBTOTALS This Period This Page (optional).	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period 0	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period 306.35
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 306.35 Amount Incurred This Period 0.00	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period 0	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period 306.35
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 306.35 Amount Incurred This Period 0.00	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period 0 er only)	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period 306.35
C. Full Name (Last, First, Middle Initial) of Deb DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, ST City BUFFALO Outstanding Balance Beginning This Period 0utstanding Balance Beginning This Period 0.00 1) SUBTOTALS This Period This Page (optional).	tor or Creditor E 100 State Zip Code NY 14202 Payment This Period 0 er only)	Nature of D ATTORNE Transact Outstandir	ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000112373 ng Balance at Close of This Period 306.35

Image# 12961439850			
SCHEDULE D (FEC Form 3X)		(1100,000)	PAGE 77 OF 143
DEBTS AND OBLIGATIONS		(Use sepa schedule	
Excluding Loans		for eac numbered	
NAME OF COMMITTEE (In Full)			line) X 10
National Democratic Policy Commit	tee		
		i	
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		re of Debt (Purpose): STAGE
DAVID KILBUR			
Mailing Address 1901 NORIEGA #5			
City State	Zin Codo		
City State SAN FRANCISCO	Zip Code CA 94122		
	04122	Tr:	ansaction ID : INV6010000112376
Outstanding Balance Beginning This Period			
194.93			
Amount Incurred This Period	Payment This Pe	riod Ou	tstanding Balance at Close of This Period
0.00		0.00	194.93
B. Full Name (Last, First, Middle Initial) of Debta			re of Debt (Purpose): OM RENTAL
DOUBLEWOOD INN BEST WE	ESTERN		OWINENTAL
Mailing Address 3333 13TH AVE, SOUTH			
City State FARGO	Zip Code ND 58103		
	ND 30105		
Outstanding Balance Beginning This Period		 Ti	ransaction ID : INV6010000113252
		T	ransaction ID:INV6010000113252
Outstanding Balance Beginning This Period	Payment This Pe		ransaction ID : INV6010000113252
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period		riod Ou	
Outstanding Balance Beginning This Period 36.40			tstanding Balance at Close of This Period
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	Payment This Pe	riod Ou 0.00 Natu	tstanding Balance at Close of This Period 36.40 re of Debt (Purpose):
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00	Payment This Pe	riod Ou 0.00 Natu	tstanding Balance at Close of This Period 36.40
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBU	Payment This Pe	riod Ou 0.00 Natu	tstanding Balance at Close of This Period 36.40 re of Debt (Purpose):
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Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBU Mailing Address P.O. BOX 268	Payment This Pe tor or Creditor	riod Ou 0.00 Natu	tstanding Balance at Close of This Period 36.40 re of Debt (Purpose):
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Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBU Mailing Address P.O. BOX 268 City DREXEL HILL	Payment This Pe tor or Creditor JTORS State Zip Code	riod Ou 0.00 Natu FIE	ttstanding Balance at Close of This Period 36.40 re of Debt (Purpose): LD OFFICE RENT
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBU Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00	Payment This Per tor or Creditor JTORS State Zip Code PA 19026	riod Ou 0.00 Natu FIE	re of Debt (Purpose): LD OFFICE RENT
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBU Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	Payment This Pe tor or Creditor JTORS State Zip Code	riod Ou 0.00 Natu FIE	ttstanding Balance at Close of This Period 36.40 re of Debt (Purpose): LD OFFICE RENT
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Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBU Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	Payment This Per tor or Creditor JTORS State Zip Code PA 19026 Payment This Per	riod Ou 0.00 Natu FIE	ttstanding Balance at Close of This Period 36.40 re of Debt (Purpose): LD OFFICE RENT
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBUTION Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00	Payment This Per tor or Creditor JTORS State Zip Code PA 19026 Payment This Per	riod Ou 0.00 Natu FIE riod Ou 0.00 Ou	ttstanding Balance at Close of This Period 36.40 re of Debt (Purpose): LD OFFICE RENT ransaction ID : INV6010000114470 ttstanding Balance at Close of This Period 200.00
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBUTE Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00	Payment This Per tor or Creditor JTORS State Zip Code PA 19026 Payment This Per	riod Ou 0.00 Natu FIE riod Ou 0.00 Ou	ttstanding Balance at Close of This Period 36.40 re of Debt (Purpose): LD OFFICE RENT ransaction ID : INV6010000114470 ttstanding Balance at Close of This Period 200.00
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBUTION Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 Insultation Provide This Period 0.00 Amount Incurred This Period 0.00	Payment This Per tor or Creditor JTORS State Zip Code PA 19026 Payment This Per Payment This Per Payment This Per	riod Ou 0.00 Natu FIE riod Ou 0.00 Ou	ttstanding Balance at Close of This Period 36.40 re of Debt (Purpose): LD OFFICE RENT ransaction ID : INV6010000114470 ttstanding Balance at Close of This Period 200.00
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBUTION Mailing Address P.O. BOX 268 City DREXEL HILL Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00	Payment This Per tor or Creditor JTORS State Zip Code PA 19026 Payment This Per Payment This Per Payment This Per	riod Ou 0.00 Natu FIE riod Ou 0.00 Ou	ttstanding Balance at Close of This Period 36.40 re of Debt (Purpose): LD OFFICE RENT ransaction ID : INV6010000114470 ttstanding Balance at Close of This Period 200.00

SCHEDULE D (FEC Form 3X)		(1100,000,000,000,000,000,000,000,000,00	PAGE 78 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	
National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt			ebt (Purpose): TELEPHONE USAGE
EASTERN STATES DISTRIBU	JTORS	I LD OFFC	TELEFTIONE USAGE
Mailing Address P.O. BOX 268			
City State	Zip Code		
DREXEL HILL	PA 19026		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000114471
915.00			
Amount Incurred This Period	Payment This Period	Qutstandi	ng Balance at Close of This Period
0.00	0	0.00	915.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
EASTERN STATES DISTRIBU	TORS	FIELD OFF	ICE RENT
Mailing Address P.O. BOX 268			
City State	Zip Code		
DREXEL HILL	PA 19026		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114472
200.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			200.00
0.00	0	.00	200.00
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
EASTERN STATES DISTRIBU	JTORS	FLD OFFC	TELEPHONE USAGE
Mailing Address			
Mailing Address P.O. BOX 268			
City	State Zip Code		
DREXEL HILL	PA 19026		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114473
915.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	915.00
			7 7
1) SUBTOTALS This Period This Page (optional)		►	2030.00
2) TOTALS This Deviad (lost same this line much	r only)		
2) TOTALS This Period (last page this line numbe	r only)		7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶	<u>, , , , , , , , , , , , , , , , , , , </u>
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page of	nly) 🕨	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 79 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(encon ency ency 10 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU		Nature of D FIELD OFF	ebt (Purpose): FICE RENT
Mailing Address P.O. BOX 268			
City State DREXEL HILL	Zip Code PA 19026		
Outstanding Balance Beginning This Period 200.00		Transacti	on ID : INV6010000114474
	Payment This Period	Outotondi	an Polonoo at Class of This Poriod
Amount Incurred This Period			ng Balance at Close of This Period
0.00		0.00	200.00
B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBU			ebt (Purpose): TELEPHONE USAGE
Mailing Address P.O. BOX 268			
City State DREXEL HILL	Zip Code PA 19026		
Outstanding Balance Beginning This Period 915.00		Transact	ion ID : INV6010000114475
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	915.00
C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 268			
City DREXEL HILL	State Zip Code PA 19026		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114476
200.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	C	0.00	200.00
1) SUBTOTALS This Period This Page (optional)		►	, 1315.00
2) TOTALS This Period (last page this line number	only)	···· ►	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	nly) ►	7

SCHEDULE D (FEC Form 3X)				PAGE 80 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Debt			Nature of D TELEPHO	ebt (Purpose):
EASTERN STATES DISTRIBU	JTORS			
Mailing Address P.O. BOX 268				
City State	Zip Code			
DREXEL HILL	PA	19026		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114477
915.00				
Amount Incurred This Period	Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		(0.00	915.00
		7		7
B. Full Name (Last, First, Middle Initial) of Debto EDGEWATER INN	or or Creditor		Nature of D ROOM REI	ebt (Purpose): NTAI
Mailing Address PIER 67				
City State	Zip Code			
SEATTLE	WA	98121		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000113744
205.00				
Amount Incurred This Period	Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00	· · · · · ·	C	0.00	205.00
7 7 7	7	3		- / J / *
C. Full Name (Last, First, Middle Initial) of Debt EDWARD CORPUS	or or Creditor		Nature of D PRINTING	ebt (Purpose):
			_	
Mailing Address 1339 MARYLAND ST. APT. 1				
City	State	Zip Code		
LOS ANGELES	CA	90017		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112307
22.95				
Amount Incurred This Period	Payr	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		(0.00	22.95
		7		7
1) SUBTOTALS This Period This Page (optional)				1142.95
I) COBTOTALO TRIST Chod Trist rage (optional)				
2) TOTALS This Period (last page this line number	r only)		▶	7 7 7
 2) TOTALS This Period (last page this line number 3) TOTAL OUTSTANDING LOANS from Schedule 				7 7

Image# 12961439854				
SCHEDULE D (FEC Form 3X)		(1)		PAGE 81 OF 143
DEBTS AND OBLIGATIONS			e separate nedule(s)	FOR LINE NUMBER:
Excluding Loans		fo	or each	(check only one) 9
-		numi	bered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	20			
	50			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
EMERY WORLDWIDE			EXPRESS	PACKAGE SERVICE
Mailing Address P.O. BOX 100				
Walling Address P.O. BOX 100				
City State	Zip Code			
BALTIMORE	MD 21277			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112315
11.50				
Amount Incurred This Period	Payment This	Poriod	Outstandir	ng Balance at Close of This Period
	Fayment This		Outstandi	
0.00		0.00		, 11.50
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
ERIE HILTON HOTELERIE/PA			ROOM REI	
	,			
Mailing Address C/O METROPOLITAN HOTELS,	INC.			
2 EAST FAYETTE STREET	Zip Code			
City State BALTIMORE	Zip Code MD 21202			
			Tuonooo	
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112364
			Transact	ion ID : INV6010000112364
Outstanding Balance Beginning This Period	Payment This	Period		ion ID : INV6010000112364
Outstanding Balance Beginning This Period 37.10		Period 0.00		
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period				ng Balance at Close of This Period
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Payment This		Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00	Payment This		Outstandir	ng Balance at Close of This Period 37.10
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS	Payment This		Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Payment This		Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
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Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD	Payment This I	0.00	Outstandir	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto ERNEST BAALS Mailing Address 826 GARWOOD ROAD City	Payment This I r or Creditor State Zip Cod	0.00	Outstandin Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL	Payment This I r or Creditor State Zip Cod	0.00	Outstandin Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00	Payment This I r or Creditor State Zip Cod NJ 08081	0.00	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period	Payment This I r or Creditor State Zip Cod	0.00	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING ion ID : INV6010000112094 ng Balance at Close of This Period
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Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period 0.00	Payment This I r or Creditor State Zip Cod NJ 08081 Payment This I	0.00	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING ion ID : INV6010000112094 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period	Payment This I r or Creditor State Zip Cod NJ 08081 Payment This I	0.00	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING ion ID : INV6010000112094 ng Balance at Close of This Period 206.00
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period 0.00	Payment This I r or Creditor State Zip Cod NJ 08081	0.00 Period 0.00	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING ion ID : INV6010000112094 ng Balance at Close of This Period 206.00
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page this line number	Payment This I	0.00 Period 0.00	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING ion ID : INV6010000112094 ng Balance at Close of This Period 206.00
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period 0.00	Payment This I	0.00 Period 0.00	Outstandir Nature of D TRAVEL A	ng Balance at Close of This Period 37.10 ebt (Purpose): ND LODGING ion ID : INV6010000112094 ng Balance at Close of This Period 206.00

Image# 12961439855				
SCHEDULE D (FEC Form 3X)				PAGE 82 OF 143
DEBTS AND OBLIGATIONS			Jse separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			umbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	20			
	56			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
EVELYN LANTZ			PRINTING	
Mailing Address 1826 NORIEGA STREET				
Mailing Address 1826 NORIEGA STREET				
City State	Zip Code			
SAN FRANCISCO	CA	94122		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112386
60.98				
Amount Insurred This Deviad	Dournou	t This Dariad	Outotondi	na Rolongo et Class of This Deried
Amount Incurred This Period	Paymer	nt This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00		60.98
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor		Noturo of D	acht (Durnaga)
EXECUTIVE HOTEL & SPA	or Creditor			ebt (Purpose): ROOM RENTAL
EXECUTIVE HOTEL & SFA				
Mailing Address 1055 FIRST AVE.				
	7: 0 1			
City State SAN DIEGO	Zip Code CA	92101		
	UA	02101		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000114372
100.00				
Amount Incurred This Period	Paymer	nt This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00		100.00
				7 7 7
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
EXECUTIVE RED CARPET IN	NS		ROOM RE	NTALS
Mallar Address				
Mailing Address 4020 SOUTHWEST FREEWAY				
City	State	Zip Code		
HOUSTON	ТХ	77027		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112317
22.00				
Amount Incurred This Period	Davmar	nt This Period	Outstandi	ng Balance at Close of This Period
	Fayillei			
0.00	Faymer	0.00		22.00
0.00		0.00		22.00
		7		
0.00 1) SUBTOTALS This Period This Page (optional)		7		22.00
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Image# 12961439856				
SCHEDULE D (FEC Form 3X)			(1)	PAGE 83 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor			ebt (Purpose): PACKAGE SERVICE
FEDERAL EXPRESS				
Mailing Address PO BOX 727, DEPT. A				
City State	Zip Code			
MEMPHIS	TN	38194		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112318
275.97				
Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period
	i ayı			
0.00		0	.00	275.97
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of D	ebt (Purpose):
FEDERAL EXPRESS				PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A				
City State	Zip Code			
MEMPHIS	TN	38194		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112319
14.00				
	Payr	pent This Period	Outstandi	ng Balance at Close of This Period
Amount Incurred This Period	Payr	nent This Period		ng Balance at Close of This Period
	Payr		Outstandii	ng Balance at Close of This Period 14.00
Amount Incurred This Period			.00	
Amount Incurred This Period 0.00	tor or Creditor		.00 Nature of D	14.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE	tor or Creditor		.00 Nature of D	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		.00 Nature of D	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE	tor or Creditor		.00 Nature of D	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE	tor or Creditor R	0	.00 Nature of D	ebt (Purpose):
Amount Incurred This Period O.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City	tor or Creditor R State	O Zip Code	.00 Nature of D TRAVEL-T	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK	tor or Creditor R State	O Zip Code	.00 Nature of D TRAVEL-T	14.00 ebt (Purpose): ARPLEY/SENATE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00	tor or Creditor R State NJ	Zip Code 07650	.00 Nature of D TRAVEL-T	t4.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period	tor or Creditor R State NJ	Zip Code 07650	.00 Nature of D TRAVEL-T Transact	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00	tor or Creditor R State NJ	Zip Code 07650	.00 Nature of D TRAVEL-T	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period	tor or Creditor R State NJ	Zip Code 07650	.00 Nature of D TRAVEL-T Transact	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period	tor or Creditor R State NJ Payr	Zip Code 07650	.00 Nature of D TRAVEL-T Transact Outstandin 0.00	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745 ng Balance at Close of This Period
Amount Incurred This Period O.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period Distanding Balance Beginning This Period Distance This Period	tor or Creditor R State NJ Payr	Zip Code 07650	.00 Nature of D TRAVEL-T Transact Outstandii	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745 ng Balance at Close of This Period 254.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period 0.00	tor or Creditor R State NJ Payr	Zip Code 07650	.00 Nature of D TRAVEL-T Transact Outstandii	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745 ng Balance at Close of This Period 254.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional). 2) TOTALS This Period (last page this line number)	tor or Creditor R State NJ Payr	Zip Code 07650	.00 Nature of D TRAVEL-T Outstandin 0.00	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745 ng Balance at Close of This Period 254.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb FERRANTE TRAVEL CENTE Mailing Address 135 BROAD AVENUE City PALISADES PARK Outstanding Balance Beginning This Period 254.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	tor or Creditor R State NJ Payr Payr Payr Payr C (last page onl	Zip Code 07650 nent This Period 0	.00 Nature of D TRAVEL-T Transact Outstandin	14.00 ebt (Purpose): ARPLEY/SENATE ion ID : INV6010000113745 ng Balance at Close of This Period 254.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 84 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		ebt (Purpose):
FERRANTE TRAVEL CENTER		TRAVEL-1	ARPLEY/SENATE
Mailing Address 135 BROAD AVENUE			
City State PALISADES PARK	Zip Code NJ 07650		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000113746
57.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	57.00
			7 7 7
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of D LIST PURC	ebt (Purpose):
FUSION ENERGY FOUNDATIO	VIN		
Mailing Address 250 W 57TH ST. STE.1711			
City State	Zip Code		
NEW YORK	NY 10019		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112327
Outstanding Balance Beginning This Period 4439.10		Transact	ion ID : INV6010000112327
	Payment This Period		ion ID : INV6010000112327
4439.10			
4439.10 Amount Incurred This Period 0.00	0	Outstandir	ng Balance at Close of This Period 4439.10
4439.10 Amount Incurred This Period	0	Outstandir	ng Balance at Close of This Period 4439.10 ebt (Purpose):
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS	0	Outstandir	ng Balance at Close of This Period 4439.10 ebt (Purpose):
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City	r or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 4439.10 ebt (Purpose):
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE	0 r or Creditor	Outstandir	ng Balance at Close of This Period 4439.10 ebt (Purpose):
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City	r or Creditor State Zip Code	Outstandin 0.00 Nature of D MISC. EXF	ng Balance at Close of This Period 4439.10 ebt (Purpose):
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN	r or Creditor State Zip Code	Outstandin 0.00 Nature of D MISC. EXF	ng Balance at Close of This Period 4439.10 ebt (Purpose): PENSE
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period	r or Creditor State Zip Code	Outstandin .00 Nature of D MISC. EXF	ng Balance at Close of This Period 4439.10 ebt (Purpose): PENSE
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00	r or Creditor State Zip Code NJ 08009 Payment This Period	Outstandin .00 Nature of D MISC. EXF	ng Balance at Close of This Period 4439.10 ebt (Purpose): PENSE
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period	r or Creditor State Zip Code NJ 08009 Payment This Period 0 0 0	Outstandin 0.00 Nature of D MISC. EXF Outstandin 0.00	ng Balance at Close of This Period 4439.10 ebt (Purpose): PENSE ion ID : INV6010000112396
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period 0.00	r or Creditor State Zip Code NJ 08009 Payment This Period 0	Outstandin .00 Nature of D MISC. EXF Outstandin 0.00 Outstandin	ng Balance at Close of This Period 4439.10 ebt (Purpose): PENSE ion ID : INV6010000112396 ng Balance at Close of This Period 233.00
4439.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period 0.00	only)	Outstandin .00 Nature of D MISC. EXF Transact Outstandin 	ng Balance at Close of This Period 4439.10 ebt (Purpose): PENSE ion ID : INV6010000112396 ng Balance at Close of This Period 233.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 85 OF 143
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ttee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 1614 CENTRAL AVENUE			
City State ALBANY	Zip Code NY 12205		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000112341
40.00			
Amount Incurred This Period 0.00	Payment This Period	Outstandir).00	ng Balance at Close of This Period 40.00
			J
B. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN & HOLIDOME	or or Creditor	Nature of D ROOM REI	ebt (Purpose): ITALS
Mailing Address 1501 FREEWAY BLVD.			
City State MINNEAPOLIS	Zip Code MN 55430		
			ion ID : INV6010000112996
Outstanding Balance Beginning This Period		Transact	ION ID . NAVOOTOOOOT 12990
Outstanding Balance Beginning This Period 42.00		Transact	UNID . 11440010000112550
42.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
42.00			
42.00 Amount Incurred This Period	0	Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City	otor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50	otor or Creditor State Zip Code MN 55437	Outstandir 0.00 Nature of D ROOM RE	ag Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period	otor or Creditor State Zip Code MN 55437 Payment This Period	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS ion ID : INV6010000112340 ng Balance at Close of This Period
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50	otor or Creditor State Zip Code MN 55437 Payment This Period	Outstandir 0.00 Nature of D ROOM RE	ag Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period	State Zip Code MN 55437 Payment This Period	Outstandir 0.00 Nature of D ROOM RE D Transact Outstandir 0.00	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS ion ID : INV6010000112340 ng Balance at Close of This Period
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00	State Zip Code MN 55437 Payment This Period	Outstandir 0.00 Nature of D ROOM RE Transact 0.00 Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS ion ID : INV6010000112340 ng Balance at Close of This Period 157.50
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00	otor or Creditor State Zip Code MN 55437 Payment This Period C er only) C	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS ion ID : INV6010000112340 ng Balance at Close of This Period 157.50

SCHEDULE D (FEC Form 3X)		[<i>"</i>	PAGE 86 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			numbered line)	X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
HOLIDAY INN CHEEKTOWAG	A		ROOM REN	NTALS
Mailing Address 609 DINGENS ST.				
City State	Zip Code			
CHEEKTOWAGA	NY	14206		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112342
23.15				
Amount Incurred This Period	Payme	nt This Period	Outstandin	g Balance at Close of This Period
0.00		0.	00	23.15
7 7 7				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
HOLIDAY INN CHERRY HILL			ROOM REN	ITALS
Mailing Address RTE 70 & SAYRE AVENUE				
City State	Zip Code			
CHERRY HILL	NJ	08034		
Outstanding Balance Beginning This Period			Transacti	ion ID : INV6010000112343
50.00				
Amount Incurred This Period	Payme	nt This Period	Outstandin	g Balance at Close of This Period
	T ayine			50.00
0.00		0.	00	30.00
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
HOLIDAY INN CHICO			ROOM REI	NTALS
Mailing Address 685 MANZANITA COURT				
City CHICO	State CA	Zip Code 95926		
Outstanding Balance Beginning This Period	ON		Transacti	ion ID : INV6010000112344
45.00			Transaot	
	5			
Amount Incurred This Period	Payme	nt This Period		g Balance at Close of This Period
0.00		0.	00	45.00
				118.15
1) SUBTOTALS This Period This Page (optional)				7 7
2) TOTALS This Period (last page this line number	only)		··· ▶	·····
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)		►	· · · · · · · · ·
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page on		7

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 87 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN COLISEUM	or or Creditor	Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 440 WEST 57TH STREET			
City State NEW YORK	Zip Code NY 10019		
Outstanding Balance Beginning This Period 224.00		Transacti	on ID : INV6010000112345
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	7 7 7	0.00	224.00
B. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN CONCORD	r or Creditor	Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 1050 BURNETT AVE.			
City State CONCORD	Zip Code CA 94520		
		.	ion ID : INV6010000112346
Outstanding Balance Beginning This Period		Transact	101110 . 11440010000112340
Outstanding Balance Beginning This Period 97.24		Transact	INTE . INVOLTOOOTT2340
	Payment This Period		ng Balance at Close of This Period
97.24			
97.24 Amount Incurred This Period		Outstandir	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte HOLIDAY INN DOWNTOWN		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period	or or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00	or or Creditor State Zip Code TX 75202	Outstandin 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 97.24 ebt (Purpose): NTALS
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period	or or Creditor State Zip Code TX 75202 Payment This Period	Outstandin 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 97.24 ebt (Purpose): NTALS
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period	or or Creditor State Zip Code TX 75202 Payment This Period	Outstandin D.00 Nature of D ROOM RE Transact Outstandin 0.00	ng Balance at Close of This Period 97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00	or or Creditor State Zip Code TX 75202 Payment This Period	Outstandin 0.00 Nature of D ROOM RE Transact Outstandin	ng Balance at Close of This Period 97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00	or or Creditor State Zip Code TX 75202 Payment This Period r only)	Outstandin	ng Balance at Close of This Period 97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00

Image# 12961439861			
SCHEDULE D (FEC Form 3X)			PAGE 88 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Commit	ee		
-			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of E ROOM RE	Debt (Purpose): ENTALS
HOLIDAY INN ERIE			
Mailing Address 8040 PERRY HWY.			
City State	Zip Codo		
City State ERIE	Zip Code PA 16509		
	10000	Transact	ion ID : INV6010000112348
Outstanding Balance Beginning This Period		Tranoada	
47.70			
Amount Incurred This Period	Payment This Perio	d Outstandi	ng Balance at Close of This Period
0.00		0.00	47.70
	7 7		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of E ROOM RE	Debt (Purpose):
HOLIDAY INN HAUPPAUGE			NTALS
Mailing Address			
City State	Zip Code		
HAUPPAUGE	NY 11788		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112349
Outstanding Balance Beginning This Period 60.00		Transac	tion ID : INV6010000112349
	Payment This Perio		
60.00 Amount Incurred This Period	Payment This Perio	d Outstandi	ng Balance at Close of This Period
60.00	Payment This Perio		
60.00 Amount Incurred This Period		d Outstandi	ng Balance at Close of This Period
60.00 Amount Incurred This Period 0.00		d Outstandi	ng Balance at Close of This Period 60.00 Debt (Purpose):
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH		d Outstandi 0.00 Nature of E	ng Balance at Close of This Period 60.00 Debt (Purpose):
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt		d Outstandi 0.00 Nature of E	ng Balance at Close of This Period 60.00 Debt (Purpose):
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH		d Outstandi 0.00 Nature of E	ng Balance at Close of This Period 60.00 Debt (Purpose):
60.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST.	or or Creditor	d Outstandi 0.00 Nature of E	ng Balance at Close of This Period 60.00 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN KENILWORTH Mailing Address BLVD. & SOUTH 31ST ST. City	or or Creditor State Zip Code	d Outstandi	ng Balance at Close of This Period 60.00 Debt (Purpose):
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s) for each	PAGE 89 OF 143 FOR LINE NUMBER: (check only one)
Excluding Loans NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	numbered line)	X 10
A. Full Name (Last, First, Middle Initial) of Debte HOLIDAY INN NORWALK	or or Creditor	Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 789 CONNECTICUT AVENUE			
City State NORWALK	Zip Code CT 06854		
Outstanding Balance Beginning This Period 90.00		Transacti	on ID : INV6010000112356
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	90.00
B. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF LAMAR	r or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address RD #2 EXIT 25 INTERSTATE 8	0		
City State MILL HALL	Zip Code PA 17751		
Outstanding Balance Beginning This Period 52.78		Transact	ion ID : INV6010000112353
52.78 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 90 OF 143
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF RICHMOND		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 4303 COMMERCE RD.			
City State RICHMOND	Zip Code VA 23234		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112358
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	157.30
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF WILLMAR	or Creditor	Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address P.O. BOX 1157			
City State WILLMAR	Zip Code MN 56201		
Outstanding Balance Beginning This Period 45.00		Transact	ion ID : INV6010000112362
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	45.00
C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN PROVIDENCE I		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 21 ATWELLS AVENUE			
City PROVIDENCE	State Zip Code RI 02903		
Outstanding Balance Beginning This Period 75.00		Transact	ion ID : INV6010000112357
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	75.00
1) SUBTOTALS This Period This Page (optional)			, 277.30
2) TOTALS This Period (last page this line number	only)		7 · · · · · · · · · · ·
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	···· • •	<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	only) 🕨	7

BETS AND OBLIGATIONS Permetuly of a second processing of a second procesecond procesecond processing of a second processing of a second p	SCHEDULE D (FEC Form 3X)			PAGE 91 OF 143
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City State Zip Code ROCKVILLE. L.I. NY 11570 Outstanding Balance Beginning This Period Image: Comparison of the period of				
City State Zip Code ROCKVILLE. L.I. NY 11570 Outstanding Balance Beginning This Period Image: Comparison of the period of	No West Address			
ROCKVILLE. L.I. NY 11570 Outstanding Balance Beginning This Period Transaction ID : INV6010000112360 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outstanding Balance at Close of This Period Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLIN NY City State SCHENECTADY NY 0utstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Transaction ID : INV6010000112361 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 I) SUBTOTALS This Period This Page (optional)	Mailing Address 173 SUNRISE HWY.			
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50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 50.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ROOM RENTALS Mailing Address DOWNTOWN Nature of Debt (Purpose): ROOM RENTALS Mailing Address DOWNTOWN Internet of Debt (Purpose): ROOM RENTALS Outstanding Balance Beginning This Period Transaction ID : INV6010000112361 Transaction ID : INV6010000112361 Outstanding Balance Beginning This Period 0.00 0.00 45.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 45.00 1) SUBTOTALS This Period This Page (optional)	ROCKVILLE. L.I.	NY 11570		
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Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN SCHENECTADY Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLIN City State Zip Code SCHENECTADY NY 12305 Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period Payment This Period 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	50.00			
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN SCHENECTADY Nature of Debt (Purpose): ROOM RENTALS Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLIN ROOM RENTALS City State Zip Code SCHENECTADY NY 12305 Outstanding Balance Beginning This Period Transaction ID : INV6010000112361 45.00 Amount Incurred This Period Payment This Period 0.00 0.00 0.00 1) SUBTOTALS This Period This Page (optional)				
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	1) SUBTOTALS This Period This Page (optional).		····· ►	145.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	2) TOTALS This Period (last page this line numb	er only)		
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	····· ►	7 7 7
	4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page o	nly) 🕨	

SCHEDULE D (FEC Form 3X)		(Lico coporato	PAGE 92 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	´	
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose):
HOLIDAY INN-AIRPORT/NOF	λτΗ	ROOM REI	NTALS
Mailing Address 4545 N. LINDBURGH BLVD.			
City State BRIDGETON	Zip Code MO 63044		
Outstanding Balance Beginning This Period 79.22		Transactio	on ID : INV6010000112354
		_	
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	C	0.00	79.22
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
HOOVER BROTHERS, INC.		EQUIPMEN	II RENTAL
Mailing Address P.O. BOX 728			
City State	Zip Code		
TEMPLE	TX 76503		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112369
Outstanding Balance Beginning This Period 33.90		Transact	ion ID:INV6010000112369
	Payment This Period		ion ID : INV6010000112369 ng Balance at Close of This Period
33.90			
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOWARD JOHNSON'S	0	Outstandir	ng Balance at Close of This Period 33.90 ebt (Purpose):
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SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 93 OF 143
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
				X 10
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
HUDSON'S WASHINGTON NE	WS MEDIA		MEDIA DI	RECTORY PURCHASE
Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N				
City State	Zip Code			
BETHESDA	MD	20814		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112370
88.04				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
	i ayino			
0.00		0	.00	88.04
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
HYATT PALO ALTO			ROOM RE	
Mailing Address 4290 EL CAMINO REAL				
City State	Zip Code			
PALO ALTO	CA	94306		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112371
58.43				
Amount Incurred This Period	Payme	nt This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	58.43
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
IVON BUCHANON			CREDIT C	ARD MERCHANT DISC
Mailing Address 423L UNIVERSITY BOULEVARI	C			
City	State	Zip Code		
DALLAS	ТХ	75205		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112100
1000.00				
Amount Incurred This Period	Bayma	nt This Dariad	Quitatandi	ng Balance at Close of This Period
	Fayine	nt This Period		
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2) TOTALS This Period (last page this line number	only)		<u> </u>	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		►	7 7 7 7 7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary F	Page (last page or	nly) ▶	7 7 7 7

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SCHEDULE D (FEC Form 3X)		(1)	PAGE 94 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
		numbered line)	X 10
National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	ROOM R	Debt (Purpose): ENTALS
JACK TAR HOTEL			
Mailing Address VAN NESS GEARY			
City State	Zip Code		
SAN FRANCISCO	CA 94101		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112372
16.40			
10.40			
Amount Incurred This Period	Payment This Period	d Outstand	ding Balance at Close of This Period
0.00		0.00	16.40
D. Full Name (Loot First Middle Initial) of Dalate	n an Oraditar	Nations	
B. Full Name (Last, First, Middle Initial) of Debto		LITERAT	Debt (Purpose): URE
Mailing Address PO BOX 220			
City State	Zip Code		
CHILLICOTHE	MO 64601		
		Transa	ction ID : INV6010000112390
Outstanding Balance Beginning This Period		Transa	ction ID : INV6010000112390
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Outstanding Balance Beginning This Period	Payment This Period		
Outstanding Balance Beginning This Period			
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Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City DETROIT Outstanding Balance Beginning This Period 59.03	Payment This Period or or Creditor State Zip Code MI 48216	d Outstand 0.00 Nature of ROOM R Transa	ding Balance at Close of This Period 10.00 Debt (Purpose): ENTALS ction ID : INV6010000112098
Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City DETROIT Outstanding Balance Beginning This Period 59.03 Amount Incurred This Period	Payment This Period or or Creditor State Zip Code	d Outstand 0.00 Nature of ROOM R Transa	ding Balance at Close of This Period 10.00 Debt (Purpose): ENTALS ction ID : INV6010000112098 ding Balance at Close of This Period
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 95 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt KING COLE PROJECTION SE			ebt (Purpose): NT RENTAL
Mailing Address 36-16 29TH STREET			
City State LONG ISLAND CITY	Zip Code NY 11106		
Outstanding Balance Beginning This Period 84.95		Transacti	on ID : INV6010000112377
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	84.95
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		ebt (Purpose): ENTERED IN 1987
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period 45071.87		Transact	ion ID : INV6010000115120
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	7 7	0.00	45071.87
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115123
1649.60			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	1649.60
1) SUBTOTALS This Period This Page (optional)		▶	46806.42
2) TOTALS This Period (last page this line numbe	r only)	···· •	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	···· •	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page c	only) 🕨	7

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 96 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period 1349.80		Transactio	on ID : INV6010000115207
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		.00	1349.80
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period 1000.00	Payment This Period		ion ID : INV6010000115362
	Payment This Period		ion ID : INV6010000115362 ng Balance at Close of This Period
1000.00 Amount Incurred This Period	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period 1000.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period 1000.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	tor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 1000.00 ebt (Purpose):
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	0. tor or Creditor State Zip Code VA 22170	Outstandir .00 Nature of D SUBSCRIF	ng Balance at Close of This Period 1000.00 ebt (Purpose): PTIONS PURCHASE
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SCHEDULE D (FEC Form 3X)			PAGE 97 OF 143
		(Use separate	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		schedule(s) for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115365
1350.85			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Del	ptor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
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SCHEDULE D (FEC Form 3X)		Г	(1)	PAGE 98 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
	cluding Loans nu		for each	(check only one) 9	
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	20				
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A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):	
KMW PUBLISHING CO.			SUBSCRIF	PTIONS PURCHASE	
Mailing Address BT. 1, BOX 22					
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City State	Zip Code				
STERLING	VA	22170			
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KMW PUBLISHING CO.				PTIONS PURCHASE	
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DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
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-			numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	A				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):	
KMW PUBLISHING CO.			SUBSCRI	PTIONS PURCHASE	
Mailing Address RT. 1 BOX 22					
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
STERLING	VA	22170			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115381	
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B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of [Debt (Purpose):	
KMW PUBLISHING CO.				PTIONS PURCHASES	
Mailing Address RT. 1, BOX 22					
City State	Zip Code				
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KMW PUBLISHING CO.			SUBSCRI	PTIONS PURCHASE	
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SCHEDULE D (FEC Form 3X)		(1)		PAGE 101 OF 143	
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:	
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	ccluding Loans		(check only one) 9	
-			X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose): PTIONS PURCHASE	
KMW PUBLISHING CO.		SUBSCRI	FIONS FORCHASE	
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA 22170			
	VA 22170	Transact	an ID - INIV6040000445288	
Outstanding Balance Beginning This Period		Transact	on ID : INV6010000115388	
101.14				
Amount Incurred This Period	Payment This Perio	d Outstandi	ng Balance at Close of This Period	
0.00		0.00	101.14	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):	
KMW PUBLISHING CO.		SUBSCRI	PTIONS PURCHASE	
Mailing Address pr (Dov ca				
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
STERLING Outstanding Balance Beginning This Period	VA 22170	Transac	tion ID : INV6010000115410	
	VA 22170	Transac	tion ID : INV6010000115410	
Outstanding Balance Beginning This Period 121.51				
Outstanding Balance Beginning This Period 121.51 Amount Incurred This Period	VA 22170 Payment This Perio	d Outstandi	ng Balance at Close of This Period	
Outstanding Balance Beginning This Period 121.51				
Outstanding Balance Beginning This Period 121.51 Amount Incurred This Period 0.00	Payment This Perio	d Outstandi	ng Balance at Close of This Period 121.51	
Outstanding Balance Beginning This Period 121.51 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	Payment This Perio	d Outstandi 0.00 Nature of E	ng Balance at Close of This Period	
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Outstanding Balance Beginning This Period 121.51 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	Payment This Perio tor or Creditor State Zip Code	d Outstandi	ng Balance at Close of This Period 121.51 Pebt (Purpose):	
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Outstanding Balance Beginning This Period 121.51 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	Payment This Perio	d Outstandi 0.00 Nature of E SUBSCRI	ng Balance at Close of This Period 121.51 Debt (Purpose): PTIONS PURCHASE	
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Outstanding Balance Beginning This Period 121.51 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period 0.00	Payment This Perio	d Outstandi 0.00 Nature of E SUBSCRI d Outstandi 0.00 Transac	ng Balance at Close of This Period 121.51 Pebt (Purpose): PTIONS PURCHASE tion ID : INV6010000115422 ng Balance at Close of This Period 25.00	
Outstanding Balance Beginning This Period 121.51 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period 0.00	Payment This Perio	d Outstandi 0.00 Nature of D SUBSCRI d Outstandi 0.00 Transac	ng Balance at Close of This Period 121.51 Pebt (Purpose): PTIONS PURCHASE tion ID : INV6010000115422 ng Balance at Close of This Period 25.00	
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Image# 12961439876			
SCHEDULE D (FEC Form 3X)			PAGE 103 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9
Excluding Loans			X 10
NAME OF COMMITTEE (In Full)	-		
National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115444
1125.00			
Amount Incurred This Period	Payment This Period	d Outstandir	ng Balance at Close of This Period
0.00		0.00	1125.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
			
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000115457
800.00			
Amount Incurred This Period	Payment This Period	d Outstandir	ng Balance at Close of This Period
0.00		0.00	800.00
		0.00	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
			tion ID : INV6010000115458
Outstanding Balance Beginning This Period		Transact	ION ID : IN V60 10000 1 15458
12.75			
Amount Incurred This Period	Payment This Period	d Outstandir	ng Balance at Close of This Period
0.00		0.00	12.75
		0.00	1
1) SUBTOTALS This Period This Page (optional)			1937.75
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule (
	(last page only)	······ •	
4) ADD 2) and 3) and carry forward to appropriate			

Image# 12961439877					
SCHEDULE D (FEC Form 3X)		(1)-		PAGE 104 OF 143	
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:	
		f	or each	(check only one) 9	
Excluding Loans			bered line)	X 10	
NAME OF COMMITTEE (In Full)	-				
National Democratic Policy Committee	;e				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
KMW PUBLISHING CO.			SUBSCRIF		
Mailing Address RT. 1, BOX 22					
City State	Zip Code		-		
STERLING	• • • •	2170			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115469	
50.00					
Amount Incurred This Period	Payment T	his Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00		50.00	
				g	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
KMW PUBLISHING CO.			SUBSCRIP	TION PURCHASES	
			_		
Mailing Address RT. 1, BOX 22					
City State	Zip Code		-		
STERLING	•	2170			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115470	
			Transact		
750.00					
Amount Incurred This Period	Payment T	his Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00		750.00	
		7		7 7	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
KMW PUBLISHING CO.			SUBSCRIF	PTION PURCHASES	
			_		
Mailing Address RT. 1, BOX 22					
City	State Zip	Code	-		
STERLING		170			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115471	
50.00					
Amount Incurred This Period	Payment T	his Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00		50.00	
		7		7 7	
1) SUBTOTALS This Period This Page (optional)		►		850.00	
2) TOTALS This Period (last page this line number	only)	····· ►		7 7 7	
3) TOTAL OUTSTANDING LOANS from Schedule ((last page only)	•			
	, (last page only)			7 7 7	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 105 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	I	
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TION PRUCHASES
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115472
50.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	50.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TION PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115481
Outstanding Balance Beginning This Period 3734.90		Transact	ion ID : INV6010000115481
3734.90	Payment This Period		
	Payment This Period		ion ID : INV6010000115481 ng Balance at Close of This Period 3734.90
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt		Outstandir 0.00 Nature of D	ng Balance at Close of This Period
3734.90 Amount Incurred This Period 0.00		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 3734.90 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 3734.90 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 3734.90 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22	or or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 3734.90 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 3734.90 ebt (Purpose):
3734.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 3734.90 ebt (Purpose): PTIONS PURCHASE
3734.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 3734.90 ebt (Purpose): PTIONS PURCHASE
3734.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 199.25	tor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF	ag Balance at Close of This Period 3734.90 ebt (Purpose): PTIONS PURCHASE
3734.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period	ior or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ng Balance at Close of This Period 3734.90 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115482
3734.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period 0.00	ior or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir	ag Balance at Close of This Period 3734.90 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115482 ag Balance at Close of This Period 199.25
3734.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	State Zip Code VA 22170 Payment This Period	Outstandir	ag Balance at Close of This Period 3734.90 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115482 ag Balance at Close of This Period 199.25

SCHEDIILE D (EEC Form 2V)			
SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 106 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	$($ \mathbf{X} 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):
KMW PUBLISHING CO.		SUBSCRIF	TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115483
2030.98			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	2030.98
B. Full Name (Last, First, Middle Initial) of Debto	n en Onediten	Nature of D	
KMW PUBLISHING CO.	r or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115484
Outstanding Balance Beginning This Period 25.00		Transact	ion ID : INV6010000115484
25.00	Payment This Period		
25.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
25.00			
25.00 Amount Incurred This Period		Outstandir 0.00 Nature of D	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22	or or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 25.00 ebt (Purpose):
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	or or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ebt (Purpose): TION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	or or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ebt (Purpose): TION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 10.00	or or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF	ag Balance at Close of This Period 25.00 ebt (Purpose): TION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte KMWV PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	or or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ag Balance at Close of This Period 25.00 ebt (Purpose): TION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period	or or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ag Balance at Close of This Period 25.00 ebt (Purpose): TION PURCHASE ion ID : INV6010000115486 ag Balance at Close of This Period 10.00
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	or or Creditor State Zip Code VA 22170 Payment This Period 7 7	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ag Balance at Close of This Period 25.00 ebt (Purpose): TION PURCHASE ion ID : INV6010000115486 ag Balance at Close of This Period 10.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 107 OF 143
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ttee		
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		ebt (Purpose): TION PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000115487
25.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	25.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TION PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115488
Outstanding Balance Beginning This Period 25.00		Transact	ion ID : INV6010000115488
	Payment This Period		ion ID : INV6010000115488
25.00			
25.00 Amount Incurred This Period	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	otor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	otor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00	otor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period	State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE ion ID : INV6010000115489 ng Balance at Close of This Period
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	State Zip Code VA 22170	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE ion ID : INV6010000115489 ng Balance at Close of This Period 50.00
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	State Zip Code VA 22170 Payment This Period C	Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE ion ID : INV6010000115489 ng Balance at Close of This Period 50.00

Image# 12961439881				
SCHEDULE D (FEC Form 3X)		(1)	PAGE 108 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			(check only one) 9	
NAME OF COMMITTEE (In Full)		numbered line)	X 10	
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose): ES OF SUBSCRITIONS	
KMW PUBLISHING CO.				
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115490	
25.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00	25.00	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):	
KMW PUBLISHING CO.			PTION PURCHASES	
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000115491	
25.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
			25.00	
0.00		0.00	25.00	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):	
KREINGOLD DATA SERVICE	S	COMPUTE	ER SERVICES	
Mailing Address STE. 5D, 119 PAYSON AVE.				
City	State Zip Code			
NEW YORK	NY 10034			
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112384	
2156.53				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00	2156.53	
1) SUBTOTALS This Period This Page (optional)			2206.53	
2) TOTALS This Period (last page this line number	r only)	····· • •	T	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			
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Image# 12961439882					
SCHEDULE D (FEC Form 3X)		(1100	aanarata	PAGE 109 OF 143	
DEBTS AND OBLIGATIONS			separate edule(s)	FOR LINE NUMBER:	
Excluding Loans		-	ered line)	(check only one) 9	
		1011.2		X 10	
National Democratic Policy Committee	e				
A Full Name (Last First Middle Initial) of Dabte	Ovoditov	i	Notice of D		
A. Full Name (Last, First, Middle Initial) of Debto	r or Greattor		MEDIA-RA	ebt (Purpose): DIO	
KVAR-FM					
Mailing Address TEXAS LOTAS CORP.					
8400 DAPAPOINT ST. 535 City State	Zip Code				
SAN ANTONIO	TX 78229				
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112385	
544.00					
Amount Incurred This Period	Payment This Pe	ariad	Outetandir	a Palance at Close of This Period	
Amount Incurred This Period	Fayilleni Inis i e		Ouisianun	ng Balance at Close of This Period	
0.00	, , ,	0.00		544.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):	
LOS ANGELES LABOR COMM				ENT AND PHONE	
Mailing Address 711 S. VERMONT AVE. #207					
City State	Zip Code				
		1			
LOS ANGELES	CA 90005				
LOS ANGELES Outstanding Balance Beginning This Period	CA 90005		Transact	ion ID : INV6010000112391	
	CA 90005		Transact	ion ID:INV6010000112391	
Outstanding Balance Beginning This Period	CA 90005	eriod		ion ID : INV6010000112391	
Outstanding Balance Beginning This Period 21277.77 Amount Incurred This Period					
Outstanding Balance Beginning This Period 21277.77		eriod 0.00		ng Balance at Close of This Period	
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Outstanding Balance Beginning This Period 21277.77 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto LOUIS JOLIET RENAISSANCE	Payment This Pe	0.00	Outstandir	ng Balance at Close of This Period 21277.77 ebt (Purpose):	
Outstanding Balance Beginning This Period 21277.77 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto LOUIS JOLIET RENAISSANCE Mailing Address 214 NORTH OTTAWA STREET	Payment This Pe 7 or Creditor E CENTR	0.00	Outstandir	ng Balance at Close of This Period 21277.77 ebt (Purpose):	
Outstanding Balance Beginning This Period 21277.77 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto LOUIS JOLIET RENAISSANCE Mailing Address 214 NORTH OTTAWA STREET City	Payment This Pe r or Creditor CENTR State Zip Code	0.00	Outstandir	ng Balance at Close of This Period 21277.77 ebt (Purpose):	
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Image# 12961439883				
SCHEDULE D (FEC Form 3X)				PAGE 110 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			numbered line)	X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of E PRINTING)ebt (Purpose):
MARK CALNEY				
Mailing Address 269 E. NEWTON ST.				
City State	Zip Code			
SEATTLE	WA	98102		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112101
205.80				
	-		O	
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	205.80
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of [Debt (Purpose):
MARRIOT HOTEL PITTSBURG			ROOM RE	
	-			
Mailing Address 101 MALL BLVD.				
City State	Zip Code			
MONROEVILLE	PA	15146		
	17	10110		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112395
			Transac	tion ID : INV6010000112395
Outstanding Balance Beginning This Period 227.73				
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period		nent This Period	Outstandi	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 227.73		nent This Period		
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00	Payn	nent This Period	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose):
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA	Payn	nent This Period	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose):
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Payn	nent This Period	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose):
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA	Payn 7 or Creditor State	Zip Code	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose):
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY	Payn 7 or Creditor	nent This Period	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose):
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City	Payn 7 or Creditor State	Zip Code	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose):
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City SANTA CLARA	Payn 7 or Creditor State	Zip Code	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose): SNTALS
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City SANTA CLARA Outstanding Balance Beginning This Period	Payn or Creditor State CA	Zip Code 95054	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose): SNTALS
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City SANTA CLARA Outstanding Balance Beginning This Period 24.50 Amount Incurred This Period	Payn or Creditor State CA	Zip Code 95054	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose): INTALS tion ID : INV6010000112997 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City SANTA CLARA Outstanding Balance Beginning This Period 24.50	Payn or Creditor State CA	Zip Code 95054	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose): :NTALS
Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City SANTA CLARA Outstanding Balance Beginning This Period 24.50 Amount Incurred This Period	Payn or Creditor State CA	Zip Code 95054	Outstandi	ng Balance at Close of This Period 227.73 Debt (Purpose): INTALS tion ID : INV6010000112997 ng Balance at Close of This Period
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SCHEDULE D (FEC Form 3X)			(1)	PAGE 111 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each	(check only one) 9	
			numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	20				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):	
MARTY SIMON			FREIGHT	AND POSTAGE	
Mailing Address 2971 W 8TH ST. #111					
29/1 W 81H 31. #111					
City State	Zip Code				
LOS ANGELES	CA	96402			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112907	
154.47					
Amount Incurred This Period	Pavr	nent This Period	Outstandi	ng Balance at Close of This Period	
	i dyi				
0.00			0.00	154.47	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
MC GUINESS & WILLIAMS				Y EXPENSES	
Mailing Address 1015 FIFTEENTH STREET, NW					
SUITE 1200 City State	Zip Code				
WASHINGTON	DC	20005			
	00	20000			
		20000	Transact	ion ID - INV6010000114180	
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114180	
			Transact	ion ID : INV6010000114180	
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Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON	Payr or or Creditor	nent This Period	Outstandin 0.00 Nature of D ATTORNE	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES	
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Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period	Payr or or Creditor State DC	nent This Period	Outstandii 0.00 Nature of D ATTORNE Transact Outstandii	ng Balance at Close of This Period 446.69 ebt (Purpose): Y FEES & EXPENSES fion ID : INV6010000114182	
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s) for each	PAGE 112 OF 143 FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		· ·
A. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS	or or Creditor		ebt (Purpose): Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200			
City State WASHINGTON	Zip Code DC 20005		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000114183
800.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	800.00
B. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS	r or Creditor		ebt (Purpose): / FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200			
City State WASHINGTON	Zip Code DC 20005		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114184
Outstanding Balance Beginning This Period 3179.29		Transact	ion ID:INV6010000114184
	Payment This Period		ion ID : INV6010000114184
3179.29			
3179.29 Amount Incurred This Period	0	Outstandir	ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200	or or Creditor	Outstandir	ng Balance at Close of This Period 3179.29 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW	or or Creditor	Outstandir	ng Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period	or or Creditor N State Zip Code	Outstandir	ng Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON	o tor or Creditor N State Zip Code DC 20005	Outstandir .00 Nature of D ATTORNE Transact	ng Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period	or or Creditor N State Zip Code DC 20005 Payment This Period	Outstandir	ng Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES ion ID : INV6010000114185 ng Balance at Close of This Period
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32	or or Creditor N State Zip Code DC 20005 Payment This Period	Outstandir .00 Nature of D ATTORNE Transact	ng Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period	0 tor or Creditor N State Zip Code DC 20005 Payment This Period	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ng Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES ion ID : INV6010000114185 ng Balance at Close of This Period
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3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor N State Zip Code DC 20005 Payment This Period	Outstandir .00 Nature of D ATTORNE Transact Outstandir	ng Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES ion ID : INV6010000114185 ng Balance at Close of This Period 3.32

SCHEDULE D (FEC Form 3X)			se separate	PAGE 113 OF 143
DEBTS AND OBLIGATIONS		s	chedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
-			mbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
MC GUINESS & WILLIAMS			ATTORNE	Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	,			
City State	Zip Code		_	
WASHINGTON		20005		
Outstanding Balance Beginning This Period 5.50			Transacti	on ID : INV6010000114186
Amount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		5.50
B. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Nature of D ATTORNE	ebt (Purpose): / FEES
Mailing Address 1015 FIFTEENTH STREET, NW			_	
SUITE 1200				
City State	Zip Code		_	
WASHINGTON	DC 2	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114189
Outstanding Balance Beginning This Period 255.00			Transact	ion ID : INV6010000114189
255.00	Payment	This Period		
	Payment	This Period 0.00		ion ID : INV6010000114189 ng Balance at Close of This Period 255.00
255.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period 255.00
255.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto MEDIAWIRE Mailing Address 117 SOUTH 17TH ST.	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA	r or Creditor	0.00	Outstandir	ebt (Purpose): ELEASE DISTRIBUTN
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period	r or Creditor State Zip PA 15	0.00	Outstandir	ebt (Purpose): ELEASE DISTRIBUTN
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00	r or Creditor State Zip PA 15	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period	r or Creditor State Zip PA 19 Payment	0.00 0 Code 0103 This Period 0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN ion ID : INV6010000112397
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	r or Creditor State Zip PA 19 Payment	0.00 0 Code 0103 This Period 0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN ion ID : INV6010000112397 ng Balance at Close of This Period 60.00
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	r or Creditor State Zip PA 19 Payment 19 only) 19	0.00 0 Code 0103 This Period 0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN ion ID : INV6010000112397 ng Balance at Close of This Period 60.00

Image# 12961439887					
SCHEDULE D (FEC Form 3X)			(Llos concrete	PAGE 114 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)		
Excluding Loans			for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee	Эе				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): DIST-ELDER/USS	
MEDIAWIRE					
Mailing Address 117 SOUTH 17TH ST. SUITE 210					
City State	Zip Code				
PHILADELPHIA	PA	19103			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112398	
65.00					
Amount Incurred This Period	Paymen	t This Period	Outstandir	ng Balance at Close of This Period	
				65.00	
0.00		0.	00	05.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
MEDIAWIRE			PRS REL D	DIST-DOUGLAS/GOV	
Mailing Address 117 SOUTH 17TH ST. SUITE 210					
City State	Zip Code				
PHILADELPHIA	PA	19103			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112399	
			Transact	ion ID : INV6010000112399	
Outstanding Balance Beginning This Period 35.00	Paymen	t This Period			
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period	Paymen	it This Period	Outstandir	ng Balance at Close of This Period	
Outstanding Balance Beginning This Period 35.00	Paymen				
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period	
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Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	r or Creditor		Outstandir 00 Nature of D	ng Balance at Close of This Period 35.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Outstandir 00 Nature of D	ng Balance at Close of This Period 35.00 ebt (Purpose):	
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Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N	r or Creditor .E. State Z	0.	Outstandir 00 Nature of D	ng Balance at Close of This Period 35.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City	r or Creditor .E. State Z	0. Zip Code	Outstandir	ng Balance at Close of This Period 35.00 ebt (Purpose):	
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA	r or Creditor .E. State Z	0. Zip Code	Outstandir	ng Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES	
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40	r or Creditor .E. State Z GA 3	0. Žip Code 30060	Outstandir 00 Nature of D ATTORNE	ng Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES	
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Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period	r or Creditor .E. State Z GA 3	0. Žip Code 30060	Outstandir 00 Nature of D ATTORNE Transact Outstandir	ng Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ng Balance at Close of This Period	
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00	r or Creditor .E. State Z GA 3 Paymen	0. Zip Code 30060 It This Period	Outstandir 00 Nature of D ATTORNE Transact Outstandir 00	ng Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ng Balance at Close of This Period	
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Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00	r or Creditor .E. State Z GA 3 Paymen	2ip Code 30060 It This Period	Outstandir 00 Nature of D ATTORNE Transact Outstandir 00	ng Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ng Balance at Close of This Period 2354.40	
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page this line number	r or Creditor .E. State Z GA 3 Paymen	Cip Code 30060	Outstandir 00 Nature of D ATTORNE Transact Outstandir 00	ng Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ng Balance at Close of This Period 2354.40	
Outstanding Balance Beginning This Period 35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00	r or Creditor .E. State Z GA 3 Paymen	Cip Code 30060	Outstandir 00 Nature of D ATTORNE Transact Outstandir 00	ng Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ng Balance at Close of This Period 2354.40	

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SCHEDULE D (FEC Form 3X)				PAGE 115 OF 143	
DEBTS AND OBLIGATIONS			se separate chedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each mbered line)	(check only one) 9	
				X 10	
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose): Y FEES & EXPENSES	
MELVIN S. NASH					
Mailing Address 204 WASHINGTON AVENUE, N	.E.		_		
City State	Zip Code		_		
MARIETTA	·	0060			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114255	
1496.91					
Amount Incurred This Period	Payment T	his Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00		1496.91	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
MICHAEL FRANK, ESQ.				S-WINTER/CONG	
			_		
Mailing Address 434 SPITZER BLDG					
City State	Zip Code		_		
TOLEDO	OH 43	3604			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112321	
400.00					
Amount Incurred This Period	Payment T	his Period	Outstandii	ng Balance at Close of This Period	
	r aymont r		Cutstandi	400.00	
0.00		0.00		400.00	
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
MICHAEL HODGEKISS			PRINTING		
Mailing Address					
Mailing Address 1265 48TH AVE.					
City		Code			
SAN FRANCISCO	CA 94	122			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112368	
127.20					
Amount Incurred This Period	Payment T	his Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00	1	127.20	
			_		
1) SUBTOTALS This Period This Page (optional)		►		2024.11	
a) TOTALO THE Decided (both see all in the second					
2) TOTALS This Period (last page this line number	oniy)	>			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page	e (last page only) 🕨	- I		

SCHEDULE D (FEC Fo	orm 3X)			(Use separa	PAGE	116 OF 143	
DEBTS AND OBLIGATI	ONS			schedule(s) FOR LINE NUME	FOR LINE NUMBER:	
Excluding Loans				for each numbered li	(check only one)	9 X 10	
NAME OF COMMITTEE (In Full) National Democratic Po	licy Committee			•			
A. Full Name (Last, First, Midd NEW BENJAMIN F					of Debt (Purpose): ATURE PURCHASE		
Mailing Address 304 W 58TH S	ST.						
City State NEW YORK		Zip Code NY	40040				
Outstanding Balance Beginnin	ng This Period		10019	Tran	saction ID : INV6010000	112400	
	176.50						
Amount Incurred This	Period	Payme	ent This Period	Outs	tanding Balance at Close	e of This Period	
7	0.00	7	,	0.00		176.50	
B. Full Name (Last, First, Middle NEW HAMPSHIRE	,				of Debt (Purpose): M RENTALS		
Mailing Address FT. EDDY RO	AD						
City State CONCORD		Zip Code NH	03301				
Outstanding Balance Beginnin	ng This Period 75.20			Tra	nsaction ID : INV601000	0112401	
Amount Incurred This	Period	Payme	ent This Period	Outs	tanding Balance at Close	e of This Period	
	0.00	7	C	0.00		75.20	
C. Full Name (Last, First, Mide NEW SOLIDARITY	,	Creditor			of Debt (Purpose): ERTISING		
Mailing Address 304 W. 58TH	ST. 5TH FL.						
City NEW YORK	ç	State NY	Zip Code 10019				
Outstanding Balance Beginnin	ng This Period			Tra	nsaction ID : INV601000	0112402	
	540.00						
Amount Incurred This	Period	Payme	ent This Period	Outs	tanding Balance at Close		
	0.00	7	(0.00		540.00	
1) SUBTOTALS This Period This	Page (optional)			····· •		791.70	
2) TOTALS This Period (last page	e this line number only	y)		····· •			
3) TOTAL OUTSTANDING LOAN	S from Schedule C (la	ast page only)		···· ►			
4) ADD 2) and 3) and carry forward	ard to appropriate line	of Summary	Page (last page o	nly) ►			

Image# 12961439890				
SCHEDULE D (FEC Form 3X)		(1)0	ooporato	PAGE 117 OF 143
DEBTS AND OBLIGATIONS			e separate nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
NAME OF COMMITTEE (In Full)		Indin		X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
NEW YORK TELEPHONE			TELEPHO	NE
Mailing Address 10 COLUMBUS CIRCLE				
City State	Zip Code			
NEW YORK	NY 10019			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112403
236.83				
Amount Incurred This Period	Payment This P	eriod	Outstandir	ng Balance at Close of This Period
0.00	7 7 7	0.00		236.83
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
PATRICK F ADAMS P.C.				S - NY BEAM DEMS
Mailing Address ATTORNEY AT LAW				
ONE EAST MAIN STREET				
City State	Zip Code NY 11706			
BAY SHORE	NY 11706			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112085
5762.50				
Amount Incurred This Period	Payment This P	eriod	Outstandir	ng Balance at Close of This Period
0.00		0.00		5762.50
C. Full Name (Last, First, Middle Initial) of Debto	or Creditor		Nature of D	ebt (Purpose):
PATRICK F ADAMS P.C.				FEES-NY BEAM DEM
Mailing Address ATTORNEY AT LAW				
ONE EAST MAIN STREET	State Zip Code	•		
BAY SHORE	NY 11706			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112086
400.00				
Amount Incurred This Period	Payment This P	eriod	Outstandir	ng Balance at Close of This Period
0.00		0.00		400.00
				- (T) - 1 - (T) -
1) SUBTOTALS This Period This Page (optional)		•	· · · ·	6399.33
17 SOBTOTALS THIS FEROL THIS Fage (optional)				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
2) TOTALS This Period (last page this line number	only)	►		7
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (las	t page only) 🕨		

Image	e# 12961439891					
SCH	IEDULE D (FEC Form 3X)			(1)	PAGE 118 OF 143	
	STS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
			for each	(check only one) 9		
				numbered line)	X 10	
	E OF COMMITTEE (In Full) tional Democratic Policy Committe	00				
11a		66				
A	A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Debt (Purpose):	
	PETER ENNIS			TRAVEL	ND LODGING	
N	Apiling Addross					
	Aailing Address 65 SEAMAN AVE.					
C	City State	Zip Code				
1	NEW YORK	NY	10034			
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112316	
	16.76					
	Automatic Income di Thia Davie d	D	and This Deviad	O total		
	Amount Incurred This Period	Payr	nent This Period	Outstand	ng Balance at Close of This Period	
	0.00		(0.00	16.76	
	P. Full Name (Last First Middle Initial) of Dahter	or Craditor		Notice of D		
	B. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING	or Creditor		PRINTING	Debt (Purpose):	
	FINIX FIXINTING			_		
Ν	Aailing Address INDIAN CREEK CENTER III					
	RT. 1, BOX 22	7. 0. 1				
	City State	Zip Code VA	22170			
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112882	
				Transac	tion ID : INV6010000112882	
	Outstanding Balance Beginning This Period	Payr	nent This Period		tion ID : INV6010000112882 ng Balance at Close of This Period	
	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period	Payr		Outstandi		
	Outstanding Balance Beginning This Period 2500.00	Payr			ng Balance at Close of This Period	
	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period			Outstandi	ng Balance at Close of This Period	
	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00			Outstandi	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING			Outstandi 0.00 Nature of E	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III			Outstandi 0.00 Nature of E	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING			Outstandi 0.00 Nature of E	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22	or or Creditor	(Outstandi 0.00 Nature of E	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City	or or Creditor	Zip Code	Outstandi 0.00 Nature of E PRINTING	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 Dity STERLING Outstanding Balance Beginning This Period	or or Creditor	Zip Code	Outstandi 0.00 Nature of E PRINTING	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00	or or Creditor State VA	Zip Code 22170	Outstandi 0.00 Nature of E PRINTING	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 Dity STERLING Outstanding Balance Beginning This Period	or or Creditor State VA	Zip Code	Outstandi 0.00 Nature of E PRINTING	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00	or or Creditor State VA	Zip Code 22170	Outstandi 0.00 Nature of E PRINTING	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
C C	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period	or or Creditor State VA	Zip Code 22170	Outstandi	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtore PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00	or or Creditor State VA Payr	Zip Code 22170	Outstandi 0.00 Nature of D PRINTING Transac Outstandi	ng Balance at Close of This Period 2500.00 Debt (Purpose): tion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	
	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period	or or Creditor State VA Payr	Zip Code 22170	Outstandi 0.00 Nature of D PRINTING Transac Outstandi	ng Balance at Close of This Period 2500.00 Debt (Purpose):	
	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtore PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00	or or Creditor State VA Payr	Zip Code 22170	Outstandi D.00 Nature of E PRINTING Transac Outstandi 0.00	ng Balance at Close of This Period 2500.00 Debt (Purpose): tion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	
	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number	only)	Zip Code 22170	Outstandi D.00 Nature of D PRINTING Transac Outstandi 0.00 Outstandi	ng Balance at Close of This Period 2500.00 Debt (Purpose): tion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	
1) 2)	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtore PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional)	only)	Zip Code 22170	Outstandi D.00 Nature of D PRINTING Transac Outstandi 0.00 Outstandi	ng Balance at Close of This Period 2500.00 Debt (Purpose): tion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	
1) 2) 3)	Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number	only)	Zip Code 22170 nent This Period	Outstandi D.00 Nature of E PRINTING Transac Outstandi Outstandi	ng Balance at Close of This Period 2500.00 Debt (Purpose): tion ID : INV6010000112885 ng Balance at Close of This Period 6123.00	

SCHEDULE D (FEC Form 3X)			(1)	PAGE 119 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			numbered line)	X 10
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
PROVIDENCE MARRIOTT INN			ROOM REI	
Mailing Address CHARLES & ORMS STREETS				
City State PROVIDENCE	Zip Code RI	02904		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000113747
125.00				
	D	and This Deviad	O data a l'	- Delanas et Olean af This Deviad
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	125.00
B. Full Name (Last, First, Middle Initial) of Debtor				ebt (Purpose):
PUBLICATION & GENERAL MG	SMT.		ACCOUNT	ING & DP SERVICE
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA	22075		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112654
1700.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
	T ayını			
0.00		0.	00	1700.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M				ING & DP SERVICE
Mailing Address P.O. BOX 836				
City	State	Zip Code		
LEESBURG	VA	22075		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112656
3000.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	.00	3000.00
				4825.00
1) SUBTOTALS This Period This Page (optional)				1020.00
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	ıly) ►	

SCHEDULE D (FEC Form 3X)		[PAGE 120 OF 143
. ,		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee	96		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M			IENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Delense Designing This Deviad	22010	Transacti	on ID : INV6010000112657
Outstanding Balance Beginning This Period		Tansacti	
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	,		3000.00
0.00	, , , , , , , , , , , , , , , , , , , ,	.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MO			IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112658
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	3000.00
			7 7 7
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEN	IENT & DP SERIVCES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112661
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	0.00	3000.00
7 7	7 7		7 7
1) SUBTOTALS This Period This Page (optional)		🕨 📃 💶	9000.00
2) TOTALS This Period (last page this line number	only)	▶	7
3) TOTAL OUTSTANDING LOANS from Schedule	C. (last nade only)		
	o (last page Ulliy)		7 7 7 7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	nly) 🕨	
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SCHEDULE D (FEC Form 3X)		Г	PAGE 121 OF 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M			IENT & DP SREVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Delense Designing This Deviad	22010	Transacti	on ID : INV6010000112662
Outstanding Balance Beginning This Period		Transaoti	
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
0.00	, , , , , , , , , , , , , , , , , , , ,		3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MO			IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112666
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	3000.00
	, , , , , , , , , , , , , , , , , , , ,		
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEN	IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112667
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	C	0.00	3000.00
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1) SUBTOTALS This Period This Page (optional)		🕨 📃 💶	9000.00
2) TOTALS This Period (last page this line number	only)	···· • •	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last nade only)		
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4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	nly) 🕨	

SCHEDIII E D (EEC Form 2V)			
SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 122 OF 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
-		Indifficered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M			IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112668
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEM	IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112669
		Tunbuo	
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
0.00		0.00	, , , , , , , , , , , , , , , , , , , ,
C. Full Name (Last, First, Middle Initial) of Debto	or or Croditor	Noturo of D	ebt (Purpose):
PUBLICATION & GENERAL M			IENT & DP SERVICES
Mailing Address			
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
	V/(
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112670
3000.00			
Amount lacoursed This Deviad	Device and This Deviced	Outstand	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	3000.00
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2) TOTALS This Period (last page this line number	only)	🕨 📃 💶	7 7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last many and)	🕨	

SCHEDULE D (FEC Form 3X)		Г	PAGE 123 OF 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)	~~		
National Democratic Policy Committe	e		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEN	IENT & DP SERVICE
Mailing Address P.O. BOX 836			
F.O. BOX 630			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112671
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MO			IENT &D P SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112672
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M			IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112673
3000.00			
	Designed This Design		an Delense at Olean of This Dation
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	C	0.00	3000.00
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2) TOTALS This Period (last page this line number	only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule	(last page only)		<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	nly) 🕨	
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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 124 OF 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each	(check only one) 9
-		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL M		MANGEME	ENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Polones Designing This Deviad		Transacti	on ID : INV6010000112674
Outstanding Balance Beginning This Period		Tunsuoti	
3000.00			
Amount Insured This Deviad	Deumeent This Devied	Quitata a di	
Amount Incurred This Period	Payment This Period	Ouisiandii	ng Balance at Close of This Period
0.00	C	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MO			IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112675
3000.00			
	Decret This Decisi	O data a d	Balance at Olean of This Desired
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	0.00	3000.00
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C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M			ebt (Purpose): /IENT & DP SERVICES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112676
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	3000.00
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2) TOTALS This Period (last page this line number	only)	🕨 📃 👖	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	nly) 🕨	· · · · · · · · ·

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 125 OF 143
DEBTS AND OBLIGATIONS			FOR LINE NUMBER:
	ing Loans		(check only one) 9
-			X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEN	IENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112677
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	3000.00
	, , , ,		
B. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose): PACKAGE SERVICE
PUROLATOR COURIER CORF		2/11/200	
Mailing Address 3333 NEW HYDE PARK ROAD			
City State	Zip Code		
NEW HYDE PARK	NY 11042		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112891
55.10			
	Decision This Decision	Outstand	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	C	0.00	55.10
C. Full Name (Last, First, Middle Initial) of Debto	ar ar Craditar	Noturo of D	ebt (Purpose):
QUALITY INN ALBANY		ROOM RE	
Mailing Address 1-3 WATERVLIET AVE.			
City	State Zip Code		
ALBANY	NY 12206		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112892
43.45			
Amount Incurred This Period	Payment This Period	Outstandu	ng Balance at Close of This Period
0.00		0.00	43.45
1) SUBTOTALS This Period This Page (optional)			3098.55
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2) TOTALS This Period (last page this line number	only)	▶	- y
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3) TOTAL OUTSTANDING LOANS from Schedule			<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	nly) 🕨	7

SCHEDULE D (F	EC Earm 2V)				
· ·				(Use separate	PAGE 126 OF 143
DEBTS AND OBL	_IGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans	ling Loans		numbered line)		
NAME OF COMMITTEE (National Democra	(In Full) atic Policy Committe	ee			
A. Full Name (Last, F	First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
RAMADA IN				ROOM REI	
Mailing Address PO	BOX 2917				
City State		Zip Code			
CASPER		WY	82602		
Outstanding Balance	e Beginning This Period			Transactio	on ID : INV6010000112893
	108.85				
Amount Inci	urred This Period	Pavn	nent This Period	Outstandir	ng Balance at Close of This Period
		l ayı		Outstandin	
	0.00		(0.00	108.85
B. Full Name (Last, F	irst, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
RAMADA INI	N ST. LOUIS			ROOM REI	NTALS
Mailing Address 9630	6 NATURAL BRIDGE RD.				
City State		Zip Code			
ST. LOUIS		MO	63134		
Outstanding Balance	e Beginning This Period			Transact	ion ID : INV6010000112894
Outstanding Balance	e Beginning This Period 52.31			Transact	ion ID : INV6010000112894
	52.31	Pavn	nent This Period		
	52.31 urred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
	52.31	Payn			
Amount Incu C. Full Name (Last, F	52.31 urred This Period 0.00 First, Middle Initial) of Debto			Outstandir	ng Balance at Close of This Period
Amount Incu C. Full Name (Last, F	52.31 urred This Period 0.00			Outstandir	ng Balance at Close of This Period 52.31 ebt (Purpose):
Amount Incu Amount Incu C. Full Name (Last, F RAMADA IN	52.31 urred This Period 0.00 First, Middle Initial) of Debto	r or Creditor		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.31 ebt (Purpose):
Amount Incu Amount Incu C. Full Name (Last, F RAMADA IN	52.31 urred This Period 0.00 First, Middle Initial) of Debto	r or Creditor		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.31 ebt (Purpose):
Amount Incu Amount Incu C. Full Name (Last, F RAMADA IN	52.31 urred This Period 0.00 First, Middle Initial) of Debto	r or Creditor		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.31 ebt (Purpose):
Amount Incu C. Full Name (Last, F RAMADA IN Mailing Address 364	52.31 urred This Period 0.00 First, Middle Initial) of Debto	r or Creditor Y		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.31 ebt (Purpose):
Amount Incu Amount Incu C. Full Name (Last, F RAMADA IN Mailing Address 364 City SAN ANTONIO	52.31 urred This Period 0.00 First, Middle Initial) of Debto	r or Creditor Y State	Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose):
Amount Incu Amount Incu C. Full Name (Last, F RAMADA IN Mailing Address 364 City SAN ANTONIO	52.31 urred This Period 0.00 First, Middle Initial) of Debto IN-SAN ANTONIO	r or Creditor Y State	Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
Amount Incu Amount Incu C. Full Name (Last, F RAMADA IN Mailing Address 364 City SAN ANTONIO Outstanding Balance	52.31 urred This Period 0.00 First, Middle Initial) of Debto IN-SAN ANTONIO 5 N. PAN AM EXPRESSWA Be Beginning This Period	r or Creditor Y State TX	Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
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C. Full Name (Last, F RAMADA IN Mailing Address 364 City SAN ANTONIO Outstanding Balance Amount Incu	52.31 urred This Period 0.00 First, Middle Initial) of Debto IN-SAN ANTONIO IS N. PAN AM EXPRESSWA Be Beginning This Period 60.00 urred This Period 0.00	r or Creditor Y State TX Payn	Zip Code 78219	Outstandir 0.00 Nature of D ROOM RE D Transact Outstandir 0.00	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period
C. Full Name (Last, F RAMADA IN Mailing Address 364 City SAN ANTONIO Outstanding Balance Amount Incu	52.31 urred This Period 0.00 First, Middle Initial) of Debto JN-SAN ANTONIO 15 N. PAN AM EXPRESSWA the Beginning This Period 60.00 urred This Period 0.00 eriod This Page (optional)	r or Creditor Y State TX Payn	Zip Code 78219	Outstandir 0.00 Nature of D ROOM RE Transact 0.00 Outstandir	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00
C. Full Name (Last, F RAMADA IN Mailing Address 364 City SAN ANTONIO Outstanding Balance Amount Incu 1) SUBTOTALS This Period	52.31 urred This Period 0.00 First, Middle Initial) of Debto JN-SAN ANTONIO I5 N. PAN AM EXPRESSWA Be Beginning This Period 60.00 urred This Period 0.00 eriod This Page (optional) (last page this line number	r or Creditor Y State TX Payn only)	Zip Code 78219	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00 Outstandir	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 127 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Deb RENAISSANCE MARKETING			Nature of D OFFICE RE	ebt (Purpose): ENT
Mailing Address 1249 WASHINGTON BLVD. S	ΓE. 626			
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period 600.00			Transactio	on ID : INV6010000112898
Amount Incurred This Period	Paym	ent This Period		ng Balance at Close of This Period
0.00		0.0	0	600.00
B. Full Name (Last, First, Middle Initial) of Debto RHEA, BOYD & RHEA	or or Creditor			ebt (Purpose): / FEES & EXPENSES
Mailing Address 930 FORREST AVENUE				
City State GADSDEN	Zip Code AL	35901		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114208
24.60				
Amount Incurred This Period 0.00	Paym	ent This Period 0.0		ng Balance at Close of This Period 24.60
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of D	ebt (Purpose):
RICHARD MAGRAW			AUTO REN	· · · · · ·
Mailing Address 22-60 23RD ST.				
City ASTORIA	State NY	Zip Code 11105		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112394
114.90				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
	Paym	ent This Period 0.0		ng Balance at Close of This Period 114.90
Amount Incurred This Period		0.0	00	
Amount Incurred This Period 0.00		0.0		114.90
Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	er only)	0.0		114.90

Image# 12961439901				
SCHEDULE D (FEC Form 3X)			PAGE 128 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	parate	
Excluding Loans			(check only one) 9	
NAME OF COMMITTEE (In Full)			X 10	
National Democratic Policy Committee	e			
		Noture of D		
A. Full Name (Last, First, Middle Initial) of Debtor	or Greditor	ROOM RE	ebt (Purpose): NTALS	
ROBERT COLE				
Mailing Address 4119 W. BELLEPLAINE #2W				
City State	Zip Code			
CHICAGO	IL 60641			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112305	
1243.95				
Amount Incurred This Period	Payment This Period	d Outstandi	ng Balance at Close of This Period	
	r dyniont mio r cho			
0.00		0.00	1243.95	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
ROBERT KAY		TRAVEL A	ND LODGING	
Mailing Addross				
Mailing Address 22-49 38TH ST.				
City State	Zip Code			
ASTORIA	NY 11105			
ASTORIA Outstanding Balance Beginning This Period	NY 11105	Transact	ion ID : INV6010000112375	
	NY 11105	Transact	ion ID : INV6010000112375	
Outstanding Balance Beginning This Period	NY 11105 Payment This Period		ion ID : INV6010000112375	
Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period		d Outstandii		
Outstanding Balance Beginning This Period 19.74			ng Balance at Close of This Period	
Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Payment This Period	0.00 Outstandin	ng Balance at Close of This Period 19.74 ebt (Purpose):	
Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00	Payment This Period	0.00 Outstandir	ng Balance at Close of This Period 19.74 ebt (Purpose):	
Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM	Payment This Period	0.00 Outstandin	ng Balance at Close of This Period 19.74 ebt (Purpose):	
Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST	Payment This Period	0.00 Outstandin	ng Balance at Close of This Period 19.74 ebt (Purpose):	
Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City	Payment This Period	0.00 Outstandin	ng Balance at Close of This Period 19.74 ebt (Purpose):	
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Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY	Payment This Period	0.00 Outstandin	ng Balance at Close of This Period 19.74 ebt (Purpose): NTALS	
Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY Outstanding Balance Beginning This Period	Payment This Period	d Outstandin 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 19.74 ebt (Purpose): NTALS	
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Outstanding Balance Beginning This Period 19.74 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY Outstanding Balance Beginning This Period 207.82 Amount Incurred This Period	Payment This Period 7 7 7 or Creditor State Zip Code NY 10033 Payment This Period	d Outstandin 0.00 Nature of D ROOM RE Transact d Outstandin 0.00	ng Balance at Close of This Period 19.74 ebt (Purpose): NTALS ion ID : INV6010000112330	
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SCHEDULE D (FEC Form 3X)			(1)	PAGE 129 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	e	
Excluding Loans			for each numbered line	(check only one) 9	
NAME OF COMMITTEE (In Full)				e) X 10	
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debto	- or Craditor		Naturo c	f D-ht (Durnego);	
RONALD KOKINDA			CONSU	of Debt (Purpose): JLTING	
Mailing Address 36-5 FORT EVANS ROAD, NE					
City State	Zip Code				
LEESBURG	VA	22075			
Outstanding Balance Beginning This Period			Transa	action ID : INV6010000114750	
524.50					
Amount Incurred This Period	Pavr	ment This Period	Outsta	nding Balance at Close of This Period	
0.00			0.00	524.50	
	7				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			of Debt (Purpose):	
RONALD KOKINDA			CONSU	ILTING	
Mailing Address 36-5 FORT EVANS ROAD, NE					
City State LEESBURG	Zip Code VA	22075			
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000114756	
1600.00					
Amount Incurred This Period	Payr	ment This Period	Outsta	nding Balance at Close of This Period	
0.00			0.00	1600.00	
C. Full Name (Last, First, Middle Initial) of Debto	r or Craditor		Noturo	f Daht (Durnaga);	
SAFEWAY PRINTING	or Creditor		PRINTI	of Debt (Purpose): NG	
Mailing Address 3276 WEST 6TH ST.					
City	State	Zip Code			
LOS ANGELES	CA	90020			
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112901	
300.38					
Amount Incurred This Period	Pavr	ment This Period	Outsta	nding Balance at Close of This Period	
0.00			0.00	300.38	
	7				
1) SUBTOTALS This Period This Page (optional)			····· ►	, 2424.88	
2) TOTALS This Period (last page this line number	only)				
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page on	ly)	····· ►		
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	v Page (last page	only)		

Image# 12961439903				
SCHEDULE D (FEC Form 3X)		Γ		PAGE 130 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	96			
A. Full Name (Last, First, Middle Initial) of Debtor			Nature of D POSTAGE	ebt (Purpose):
SAN FRANCISCO LABOR CTT	E.			
Mailing Address 1826 NOREIGA ST.				
City State	Zip Codo			
City State SAN FRANCISCO	Zip Code CA	94122		
Outstanding Balance Beginning This Period		34122	Transactio	on ID : INV6010000112902
413.47				
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00		0.0	00	413.47
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		AIR TRAVE	ebt (Purpose): I
SANS SOUCI TRAVEL				.L
Mailing Address 253 - 12 UNION TURNPIKE				
0	7: 0			
City State FLORAL PARK	Zip Code NY	11004		
	INT			
		11004	Transact	ion ID + INI/6010000112727
Outstanding Balance Beginning This Period		11004	Transact	ion ID : INV6010000113737
	NT	11004	Transact	ion ID : INV6010000113737
Outstanding Balance Beginning This Period		nt This Period		ion ID : INV6010000113737 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 290.00			Outstandir	
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Payme	nt This Period	Outstandir 00 Nature of D	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00	Payme	nt This Period	Outstandir 00 Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
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Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE	Payme	nt This Period 0.0	Outstandir 00 Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL	Payme	nt This Period	Outstandir 00 Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK	Payme	nt This Period 0.0	Outstandir DO Nature of D ADDER TC	ng Balance at Close of This Period 290.00 ebt (Purpose):
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Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00	Payme	nt This Period 0.0	Outstandir DO Nature of DADDER TO ADDER TO	ag Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period	Payme	nt This Period 0.0	Outstandir DO Nature of DADDER TO ADDER TO	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL
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Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period	Payme	nt This Period 0.0 Zip Code 11004 nt This Period	Outstandir 00 Nature of D ADDER TC Transact Outstandir	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL ion ID : INV6010000113743 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period 0.00	Payme 7 or Creditor State NY Payme	nt This Period 0.0 Zip Code 11004 nt This Period 0.1	Outstandir 00 Nature of D ADDER TC Transact 00 Outstandir	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL ion ID : INV6010000113743 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period	Payme 7 or Creditor State NY Payme	nt This Period 0.0 Zip Code 11004 nt This Period 0.1	Outstandir 00 Nature of D ADDER TC Transact 00 Outstandir	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL ion ID : INV6010000113743 ng Balance at Close of This Period 40.00
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Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period 0.00 In SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	Payme only)	nt This Period 0.0 Zip Code 11004 nt This Period 0.1	Outstandir DO Nature of D ADDER TO Transact Outstandir 00 	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL ion ID : INV6010000113743 ng Balance at Close of This Period 40.00
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SCHEDULE D (FEC Form 3X)		(Lise concrete	PAGE 131 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s) for each	FOR LINE NUMBER:
Excluding Loans	uding Loans		(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose):
SEGAL, MORAN & FEINBER	G	ATTORNE	(FEES
Mailing Address 210 COMMERCIAL STREET			
City State	Zip Code		
BOSTON	MA 02109	Troposti	
Outstanding Balance Beginning This Period		Transaction	on ID : INV6010000113750
712.50			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00	C	0.00	712.50
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
SEVEN SEAS MOTOR INN		ROOM REI	ITALS
Mailing Address 1823 OLD RED TRAIL			
City State	Zip Code		
MANDAN	ND 58554		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112903
Outstanding Balance Beginning This Period 46.12		Transact	ion ID:INV6010000112903
	Payment This Period		ion ID : INV6010000112903 g Balance at Close of This Period
46.12			
46.12 Amount Incurred This Period	0	Outstandir	g Balance at Close of This Period
46.12 Amount Incurred This Period 0.00	tor or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 46.12
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 46.12 ebt (Purpose):
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SHERATON COLUMBUS PLA	tor or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 46.12 ebt (Purpose):
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET	tor or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 46.12 ebt (Purpose):
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET City	tor or Creditor AZA State Zip Code	Outstandir 0.00 Nature of D RM-RNTL-	g Balance at Close of This Period 46.12 ebt (Purpose):
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET City COLUMBUS	tor or Creditor AZA State Zip Code	Outstandir 0.00 Nature of D RM-RNTL-	g Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period	tor or Creditor AZA State Zip Code	Outstandir 0.00 Nature of D RM-RNTL- Transact	g Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period 50.00	tor or Creditor AZA State Zip Code OH 43215 Payment This Period	Outstandir 0.00 Nature of D RM-RNTL- Transact	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period	tor or Creditor AZA State Zip Code OH 43215 Payment This Period	Outstandir 0.00 Nature of D RM-RNTL- Transact Outstandir 0.00	Ig Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	tor or Creditor AZA State Zip Code OH 43215 Payment This Period	Outstandir 0.00 Nature of D RM-RNTL- Transact Outstandir	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG ion ID : INV6010000112906 ag Balance at Close of This Period 50.00
46.12 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt SHERATON COLUMBUS PLA Mailing Address 50 NORTH THIRD STREET City COLUMBUS Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	tor or Creditor AZA State Zip Code OH 43215 Payment This Period	Outstandir 0.00 Nature of D RM-RNTL- Transact Outstandir 0.00	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG ion ID : INV6010000112906 ag Balance at Close of This Period 50.00

SCHEDIILE D (EEC Form 2V)				
SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 132 OF 143
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	
NAME OF COMMITTEE (In Full)			· · · ·	
National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
SOLOMON, FOLEY & MORAN			ATTY FE	E: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112908
538.45				
Amount Incurred This Period	Pavr	ment This Period	Outetand	ing Balance at Close of This Period
	i ayı		Outstand	
0.00			0.00	538.45
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
SOLOMON, FOLEY & MORAN				E: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING	Zie Cada			
City State DETROIT	Zip Code MI	48226		
	IVII	40220		
Outstanding Balance Beginning This Period			Transad	ction ID : INV6010000112909
538.45				
Amount Incurred This Period	Pavr	nent This Period	Outstand	ing Balance at Close of This Period
0.00	7		0.00	538.45
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
SOLOMON, FOLEY & MORAN				E: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING City	State	Zip Code		
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112910
538.46				
Amount Incurred This Period	Payr	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	538.46
	7			/y
1) SUBTOTALS This Period This Page (optional)				1615.36
2) TOTALS This Period (last page this line number of	only)		····· • •	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	····· •	7 7 7 7
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summar	y Page (last page	only) 🕨	· · · · · · · · · ·

SCHEDULE D (FEC Form 3X)			PAGE 133 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
-		numbered inte)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose):
SOLOMON, FOLEY & MORA	N	ATTYFEE	S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City State DETROIT	Zip Code MI 48226		
	MI 48226	Trancasti	on ID + INV6010000112011
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112911
538.46			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	538.46
	7 7		7
B. Full Name (Last, First, Middle Initial) of Debto			ebt (Purpose): E.SEFCOVIC/CONG
SOLOMON, FOLEY & MORAN		ATTTEE	E.SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW			
2280 PENOBSCOT BUILDING			
City State DETROIT	Zip Code MI 48226		
	IVII 40220		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112912
538.46			
538.46 Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
Amount Incurred This Period		Outstandii	ng Balance at Close of This Period 538.46
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr	tor or Creditor	0.00 Nature of D	538.46 ebt (Purpose):
Amount Incurred This Period	tor or Creditor	0.00 Nature of D	538.46
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN	tor or Creditor	0.00 Nature of D	538.46 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr	tor or Creditor	0.00 Nature of D	538.46 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	tor or Creditor N State Zip Code	0.00 Nature of D	538.46 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	tor or Creditor	0.00 Nature of D ATTY FEE	538.46 ebt (Purpose): : G SHEPPARD/CONG
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	tor or Creditor N State Zip Code	0.00 Nature of D ATTY FEE	538.46 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT	tor or Creditor N State Zip Code	0.00 Nature of D ATTY FEE	538.46 ebt (Purpose): : G SHEPPARD/CONG
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period	tor or Creditor N State Zip Code	0.00 Nature of D ATTY FEE	538.46 ebt (Purpose): : G SHEPPARD/CONG
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46	tor or Creditor N State Zip Code MI 48226 Payment This Period	0.00 Nature of D ATTY FEE	538.46 ebt (Purpose): : G SHEPPARD/CONG ion ID : INV6010000112913
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period	tor or Creditor N State Zip Code MI 48226 Payment This Period	0.00 Nature of D ATTY FEE Transact	538.46 ebt (Purpose): : G SHEPPARD/CONG ion ID : INV6010000112913 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00	tor or Creditor N State Zip Code MI 48226 Payment This Period	0.00 Nature of D ATTY FEE Transact Outstandin 0.00	538.46 ebt (Purpose): : G SHEPPARD/CONG ion ID : INV6010000112913 ng Balance at Close of This Period 538.46
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Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	tor or Creditor N State Zip Code MI 48226 Payment This Period	0.00 Nature of D ATTY FEE Transact Outstandii	538.46 ebt (Purpose): : G SHEPPARD/CONG ion ID : INV6010000112913 ng Balance at Close of This Period 538.46
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Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debi SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	tor or Creditor N State Zip Code MI 48226 Payment This Period Payment This Period er only)	0.00 Nature of D ATTY FEE Transact Outstandin 0.00	538.46 ebt (Purpose): : G SHEPPARD/CONG ion ID : INV6010000112913 ng Balance at Close of This Period 538.46

SCHEDIII E D (EEC Form 2V)			DACE 124 OF 142
SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 134 OF 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
SOLOMON, FOLEY & MORAN		ATTY FEE	H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING			
City State DETROIT	Zip Code MI 48226		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112914
538.46			
538.46			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	538.46
		0.00	7 7
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
SOLOMON, FOLEY & MORAN			J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW			
2280 PENOBSCOT BUILDING			
City State	Zip Code		
DETROIT	MI 48226		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112915
		Transact	ion ID : INV6010000112915
Outstanding Balance Beginning This Period		Transact	ion ID:INV6010000112915
	Payment This Period		ion ID : INV6010000112915
538.46	Payment This Period		
538.46 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
538.46 Amount Incurred This Period		Outstandir	ng Balance at Close of This Period
538.46 Amount Incurred This Period 0.00	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.46
C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.46 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.46 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.46 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	r or Creditor State Zip Code	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 538.46 ebt (Purpose):
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT	r or Creditor	Outstandir 0.00 Nature of D ATTY FEE	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG
C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City	r or Creditor State Zip Code	Outstandir 0.00 Nature of D ATTY FEE	ng Balance at Close of This Period 538.46 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT	r or Creditor State Zip Code	Outstandir 0.00 Nature of D ATTY FEE	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period	r or Creditor State Zip Code	Outstandin 0.00 Nature of D ATTY FEE	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period	r or Creditor State Zip Code MI 48226	Outstandin 0.00 Nature of D ATTY FEE Transact Outstandin	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46	r or Creditor State Zip Code MI 48226	Outstandin 0.00 Nature of D ATTY FEE	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period	r or Creditor State Zip Code MI 48226	Outstandin 0.00 Nature of D ATTY FEE Transact Outstandin	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00	r or Creditor State Zip Code MI 48226 Payment This Period	Outstandin 0.00 Nature of D ATTY FEE DUISTANDIN Transact	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period 538.46
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period	r or Creditor State Zip Code MI 48226 Payment This Period	Outstandin 0.00 Nature of D ATTY FEE DUISTANDIN Transact	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor State Zip Code MI 48226 Payment This Period	Outstandin 0.00 Nature of D ATTY FEE Outstandin 0.00 Outstandin	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period 538.46
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00	r or Creditor State Zip Code MI 48226 Payment This Period	Outstandin 0.00 Nature of D ATTY FEE Outstandin 0.00 Outstandin	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period 538.46
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r or Creditor State Zip Code MI 48226 Payment This Period	Outstandin 0.00 Nature of D ATTY FEE Outstandin 0.00 Outstandin	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period 538.46
538.46 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City DETROIT Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page (optional) 2) TOTALS This Period (last page this line number)	r or Creditor State Zip Code MI 48226 Payment This Period only) C (last page only)	Outstandin 0.00 Nature of D ATTY FEE Outstandin 0.00 Outstandin	ng Balance at Close of This Period 538.46 ebt (Purpose): : J. VAUGHN/CONG ion ID : INV6010000112916 ng Balance at Close of This Period 538.46

SC	HEDULE D (FEC Form 3X)					PAGE 135 OF 143
	BTS AND OBLIGATIONS			(Use sep schedu		FOR LINE NUMBER:
	cluding Loans			for ea	ich	(check only one) 9
				numbere	a line)	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee				
	A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor				ebt (Purpose):
	SOLOMON, FOLEY & MORAN			AT	TY FEE:	O. WALKER/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING					
	City State DETROIT	Zip Code MI	48226			
	Outstanding Balance Beginning This Period			Т	ransactio	on ID : INV6010000112917
	538.46					
	Amount Incurred This Pariod	Boy	ment This Period	0	utotondin	a Palance et Close of This Pariod
	Amount Incurred This Period	Pay	ment This Period		utstandin	g Balance at Close of This Period
	0.00			0.00		538.46
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				ebt (Purpose):
	SOUTHEAST POLITICAL LITER	RATURE		FL	D OFFC	TELEPHONE USAGE
	Mailing Address SALES & DISTRIBUTION, INC.					
	3916-A VERO ROAD City State	Zip Code				
	BALTIMORE	MD	21227			
	Outstanding Balance Beginning This Period				Fransacti	ion ID : INV6010000114478
	915.00					
	913.00					
	Amount Incurred This Period	Pay	ment This Period	0	utstandin	g Balance at Close of This Period
	0.00		(0.00		915.00
			,			, , ,
	C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE					ebt (Purpose): ICE RENT
	Mailing Address SALES & DISTRIBUTION, INC.					
	3916-A VERO ROAD					
	City	State	Zip Code			
	BALTIMORE	MD	21227			
	Outstanding Balance Beginning This Period			ſ	Fransacti	ion ID : INV6010000114479
	200.00	_				
	Amount Incurred This Period	Pay	ment This Period	0	utstandin	g Balance at Close of This Period
	0.00			0.00		200.00
1)	SUBTOTALS This Period This Page (optional)			►		1653.46
2)				- 1		
<u> </u>				— i		<u></u>
_	TOTAL OUTSTANDING LOANS from Schedule			— i		<u></u>
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ry Page (last page o	only) 🕨		

SCHEDULE D (FEC Form 3X)			(Use sepa	rato	PAGE 136 OF 143
DEBTS AND OBLIGATIONS			schedule	e(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committe	е				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				bt (Purpose):
SOUTHEAST POLITICAL LITER	RATURE		FLD	OFFC	FELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
City State	Zip Code				
BALTIMORE	MD	21227			
Outstanding Balance Beginning This Period			Tra	ansactio	n ID : INV6010000114480
915.00					
Amount Incurred This Period	Pavm	ent This Period	Ou	tstanding	Balance at Close of This Period
	,				
0.00			0.00		915.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Natu	re of De	bt (Purpose):
SOUTHEAST POLITICAL LITER	ATURE		FIEL	_D OFFI	CE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
City State	Zip Code				
BALTIMORE	MD	21227			
Outstanding Balance Beginning This Period			Tr	ansactio	on ID : INV6010000114481
200.00					
Amount Incurred This Period	Paym	ent This Period	Ou	tstanding	g Balance at Close of This Period
0.00		(0.00		200.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Natu	re of De	bt (Purpose):
SOUTHEAST POLITICAL LITER					EUSAGE
Mailing Address SALES & DISTRIBUTION, INC.					
3916-A VERO ROAD					
City BALTIMORE	State MD	Zip Code 21227			
Outstanding Balance Beginning This Period			Tr	ansactio	on ID : INV6010000114482
915.00					
Amount Incurred This Period	Pavm	ent This Period	Ou	tstanding	Balance at Close of This Period
0.00			0.00		915.00
			0.00		1
1) SUBTOTALS This Period This Page (optional)					2030.00
2) TOTALS This Period (last page this line number of			— F		
			— F		
3) TOTAL OUTSTANDING LOANS from Schedule C		·	— F		<u></u>
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary	Page (last page o	only) 🕨		7

SCHEDULE D (FEC Form 3X)				PAGE 137 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
SOUTHEAST POLITICAL LITE	RATURE		RENT	
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City State BALTIMORE	Zip Code MD	21227		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114483
200.00				
Amount Incurred This Period	Bour	nent This Period	Quitatandi	a Palance et Close of This Pariod
Amount incurred This Period	Payn	ient mis Penod	Outstandi	ng Balance at Close of This Period
0.00		0	.00	200.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
STATE OF CALIFORNIA			PRINTING	
Mailing Address OFFICE OF STATE PRINTING				
LEGISLATIVE BILL ROOM				
City State	Zip Code			
SACRAMENTO	CA	95814		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112389
53.00				
Amount Incurred This Period	Pavm	nent This Period	Outstandi	ng Balance at Close of This Period
				53.00
0.00			.00	33.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
STATLER BUFFALO			ROOM RE	
Mailing Address 107 DELAWARE AVENUE				
City	State	Zip Code		
BUFFALO	NY	14202		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112918
85.00				
	-			
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		0	0.00	85.00
1) SUBTOTALS This Period This Page (optional)				338.00
2) TOTALS This Period (last page this line number	only)		··· • · · · · · · · · · · · · · · · · ·	<u> </u>
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only	y)	▶	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	nly) ►	

Image# 12961439911				
SCHEDULE D (FEC Form 3X)				PAGE 138 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
-			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
SYRACUSE AIRPORT INN			ROOM RE	
Mailing Address HANCOCK AIRPORT				
City State	Zip Code			
NORTH SYRACUSE	NY	13212		
Outstanding Balance Beginning This Period			Transact	on ID : INV6010000112921
19.00				
	_		.	
Amount Incurred This Period	Payr	ment This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	19.00
D. Full Name (Last First Middle Initial) of Debter	or Craditor		Notice of D	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): S & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.				
City State	Zip Code			
MARIETTA	GA	30060		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114387
1088.20				
			Outstand	ng Balance at Close of This Period
Amount Incurred This Period	Dove	mont This Doriod		
Amount Incurred This Period	Payr	ment This Period		
Amount Incurred This Period	Payr		0.00	1088.20
0.00	,		0.00	1088.20
	,		0.00 Nature of D	
C. Full Name (Last, First, Middle Initial) of Debto	,		0.00 Nature of D	1088.20 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto	,		0.00 Nature of D	1088.20 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E.	r or Creditor		0.00 Nature of D	1088.20 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT	,		0.00 Nature of D	1088.20 Debt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA	r or Creditor	Zip Code	0.00 Nature of D ATTY FEE	1088.20 Debt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period	r or Creditor	Zip Code	0.00 Nature of D ATTY FEE	1088.20 Debt (Purpose): S & EXP-GA DEM SL
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA	r or Creditor State GA	Zip Code 30060	0.00 Nature of D ATTY FEE	1088.20 Debt (Purpose): S & EXP-GA DEM SL
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period	r or Creditor State GA	Zip Code	0.00 Nature of D ATTY FEE	1088.20 Debt (Purpose): S & EXP-GA DEM SL
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00	r or Creditor State GA	Zip Code 30060	0.00 Nature of D ATTY FEE	1088.20 Debt (Purpose): IS & EXP-GA DEM SL tion ID : INV6010000114393
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period	r or Creditor State GA	Zip Code 30060	0.00 Nature of D ATTY FEE Transac Outstandi	1088.20 Pebt (Purpose): S & EXP-GA DEM SL tion ID : INV6010000114393 ng Balance at Close of This Period
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	r or Creditor State GA Payr	Zip Code 30060	0.00 Nature of D ATTY FEE Transac Outstandi 0.00	1088.20 Debt (Purpose): S & EXP-GA DEM SL tion ID : INV6010000114393 ng Balance at Close of This Period 800.00
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period	r or Creditor State GA Payr	Zip Code 30060	0.00 Nature of D ATTY FEE Transac Outstandi 0.00	1088.20 Pebt (Purpose): S & EXP-GA DEM SL tion ID : INV6010000114393 ng Balance at Close of This Period
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	r or Creditor State GA Payr	Zip Code 30060	0.00 Nature of D ATTY FEE Transac Outstandi 0.00	1088.20 Debt (Purpose): S & EXP-GA DEM SL tion ID : INV6010000114393 ng Balance at Close of This Period 800.00
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	r or Creditor State GA Payr	Zip Code 30060	0.00 Nature of D ATTY FEE Transac Outstandi 0.00	1088.20 Debt (Purpose): S & EXP-GA DEM SL tion ID : INV6010000114393 ng Balance at Close of This Period 800.00
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	r or Creditor State GA Payr only)	Zip Code 30060	0.00 Nature of D ATTY FEE Transac Outstandi 0.00	1088.20 Debt (Purpose): S & EXP-GA DEM SL tion ID : INV6010000114393 ng Balance at Close of This Period 800.00
0.00 C. Full Name (Last, First, Middle Initial) of Debto TED HERBERT Mailing Address 142 FOREST AVENUE N.E. City MARIETTA Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page this line number	r or Creditor State GA Payr only) C (last page on	Zip Code 30060 ment This Period	0.00 Nature of D ATTY FEE Transac Outstandi 0.00	1088.20 Debt (Purpose): S & EXP-GA DEM SL tion ID : INV6010000114393 ng Balance at Close of This Period 800.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 139 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Эe		
A. Full Name (Last, First, Middle Initial) of Debto THE CHANCELLOR HOTEL	r or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 1501 SOUTH NEIL STREET			
City State CHAMPAIGN	Zip Code IL 61820		
Outstanding Balance Beginning This Period 25.00		Transactio	on ID : INV6010000112301
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period 25.00
B. Full Name (Last, First, Middle Initial) of Debtor THE COLONNADE	or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 120 HUNTINGTON AVENUE	Zip Code		
BOSTON	MA 02116		
		· ·	
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112306
75.00	Pavment This Period		
	Payment This Period		ion ID : INV6010000112306 ng Balance at Close of This Period 75.00
75.00 Amount Incurred This Period	r or Creditor	Outstandir	ng Balance at Close of This Period 75.00 ebt (Purpose):
75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 75.00 ebt (Purpose):
75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER	r or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 75.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City	o r or Creditor ON State Zip Code	Outstandir	ng Balance at Close of This Period 75.00 ebt (Purpose):
75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON	o r or Creditor TON State Zip Code TX 77002	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 75.00 ebt (Purpose): NTALS
75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period	or or Creditor ON State Zip Code TX 77002 Payment This Period	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir	ng Balance at Close of This Period 75.00 ebt (Purpose): NTALS ion ID : INV6010000112890 ng Balance at Close of This Period
75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00	or or Creditor ON State Zip Code TX 77002 Payment This Period	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 75.00 ebt (Purpose): NTALS
75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period	or or Creditor ON State Zip Code TX 77002 Payment This Period	Outstandir 0.00 Nature of D ROOM RE D Transact Outstandir 0.00	ng Balance at Close of This Period 75.00 ebt (Purpose): NTALS ion ID : INV6010000112890 ng Balance at Close of This Period
75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period 0.00	or or Creditor ON State Zip Code TX 77002 Payment This Period	Outstandir 0.00 Nature of D ROOM RE Transact 0.00 Outstandir	ng Balance at Close of This Period 75.00 ebt (Purpose): NTALS ion ID : INV6010000112890 ng Balance at Close of This Period 25.00
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Image# 12961439913				
SCHEDULE D (FEC Form 3X)			(Liss concrete	PAGE 140 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	9e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D POSTAGE	ebt (Purpose):
TONI JENNINGS				
Mailing Address 2414 13TH AVE. SO. #104				
City State	Zip Code			
SEATTLE	WA	98144		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112374
30.15				
Amount Incurred This Period	Bourmon	t This Period	Outotondir	a Polonoo at Class of This Pariod
	Fayilien			ng Balance at Close of This Period
0.00		0	0.00	30.15
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
TREAT CATERERS			ROOM REI	
Mailing Address 50 PARK PLACE				
City State	Zip Code			
NEWARK	NJ	07101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112922
Outstanding Balance Beginning This Period 100.00			Transact	ion ID : INV6010000112922
100.00	Paymen	t This Period		
100.00 Amount Incurred This Period	Paymen	it This Period	Outstandir	ng Balance at Close of This Period
100.00	Paymen			
100.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period 100.00
100.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period 100.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT	or Creditor		Outstandir .00 Nature of D	ng Balance at Close of This Period 100.00 ebt (Purpose):
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL	or Creditor		Outstandir .00 Nature of D	ng Balance at Close of This Period 100.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT	r or Creditor		Outstandir .00 Nature of D	ng Balance at Close of This Period 100.00 ebt (Purpose):
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000	or Creditor LEX)	0	Outstandir .00 Nature of D	ng Balance at Close of This Period 100.00 ebt (Purpose):
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City	or Creditor LEX)	0 7 Žip Code	Outstandir	ng Balance at Close of This Period 100.00 ebt (Purpose):
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City KANSAS CITY	or Creditor LEX)	0 7 Žip Code	Outstandir	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City KANSAS CITY Outstanding Balance Beginning This Period 50.00	r or Creditor LEX) State Z MO 0	0 Žip Code 64112	Outstandir .00 Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City KANSAS CITY Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period	r or Creditor LEX) State Z MO 0	2ip Code 64112 It This Period	Outstandir .00 Nature of D ROOM RE Transact Outstandir	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112923 ng Balance at Close of This Period
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City KANSAS CITY Outstanding Balance Beginning This Period 50.00	r or Creditor LEX) State Z MO 0	2ip Code 64112 It This Period	Outstandir .00 Nature of D ROOM RE	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City KANSAS CITY Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period	r or Creditor LEX) State Z MO 0	2ip Code 64112 It This Period	Outstandir .00 Nature of D ROOM RE Transact Outstandir	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112923 ng Balance at Close of This Period
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100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City KANSAS CITY Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	r or Creditor LEX) State Z MO 0 Paymen	Cip Code 64112 It This Period	Outstandir .00 Nature of D ROOM RE Transact 0.00 Outstandir	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112923 ng Balance at Close of This Period 50.00
100.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 City KANSAS CITY Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	only)	2ip Code 64112 It This Period	Outstandir .00 Nature of D ROOM RE Transact Outstandir 0.00	ng Balance at Close of This Period 100.00 ebt (Purpose): NTALS ion ID : INV6010000112923 ng Balance at Close of This Period 50.00
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SCHEDULE D (FEC Form 3X)	Г	(1100 00000000	PAGE 141 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
	n n		(check only one) 9
-			X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee		
	litee		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor		ebt (Purpose):
VITA OBERSCHNEIDER		ROOM RE	NTALS
Mailing Address 544 OAK HILL RD			
Mailing Address 544 OAK HILL RD.			
City State	Zip Code		
ELGIN	IL 60120		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112404
149.16			
Amount locured This Devied	Deumeent This Deviad	Outoton di	an Dalamaa at Olaan of This Davied
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.0	00	149.16
B. Full Name (Last, First, Middle Initial) of Deb	tor or Craditor	Nature of D	
WESTBOROUGH PLAZA HO			ebt (Purpose): ROOM RENTAL
WESTBOROUGHTFEAZATIO	ILL		
Mailing Address 5 TURNPIKE ROAD			
City State WESTBOROUGH	Zip Code MA 01581		
WESTBOROOGIT	MA 01501		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114249
Outstanding Balance Beginning This Period 54.25		Transact	ion ID : INV6010000114249
	Payment This Period		ion ID : INV6010000114249
54.25 Amount Incurred This Period		Outstandi	ng Balance at Close of This Period
54.25	Payment This Period	Outstandi	
54.25 Amount Incurred This Period	0.0	Outstandi	ng Balance at Close of This Period
54.25 Amount Incurred This Period 0.00	0.0	Outstandi	ng Balance at Close of This Period 54.25 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De WESTERN UNION INTERNA	0.0	Outstandin 0 Nature of D	ng Balance at Close of This Period 54.25 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De	0.0 btor or Creditor	Outstandin 0 Nature of D	ng Balance at Close of This Period 54.25 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA	0.0 btor or Creditor ATIONAL	Outstandin 0 Nature of D	ng Balance at Close of This Period 54.25 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De WESTERN UNION INTERNA	0.0 btor or Creditor	Outstandin 0 Nature of D	ng Balance at Close of This Period 54.25 ebt (Purpose):
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK	0.0 btor or Creditor ATIONAL A. State Zip Code	Outstandin Nature of D TELEPHO	ng Balance at Close of This Period 54.25 ebt (Purpose):
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK Outstanding Balance Beginning This Period	0.0 btor or Creditor ATIONAL A. State Zip Code	Outstandin Nature of D TELEPHO	ng Balance at Close of This Period 54.25 ebt (Purpose): NE
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK	0.0 btor or Creditor ATIONAL A. State Zip Code	Outstandii Nature of D TELEPHO	ng Balance at Close of This Period 54.25 ebt (Purpose): NE
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK Outstanding Balance Beginning This Period	0.0 btor or Creditor ATIONAL A. State Zip Code	Outstandii Nature of D TELEPHO	ng Balance at Close of This Period 54.25 ebt (Purpose): NE
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Detee WESTERN UNION INTERNAL Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK Outstanding Balance Beginning This Period 18.42	0.0 btor or Creditor ATIONAL A. State Zip Code NY 10008	Outstandii Nature of D TELEPHO Transact	ng Balance at Close of This Period 54.25 ebt (Purpose): NE
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK Outstanding Balance Beginning This Period 18.42 Amount Incurred This Period	0.0 btor or Creditor ATIONAL A. State Zip Code NY 10008 Payment This Period	Outstandii Nature of D TELEPHO Transact	ng Balance at Close of This Period 54.25 ebt (Purpose): NE ion ID : INV6010000112926
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK Outstanding Balance Beginning This Period 18.42 Amount Incurred This Period	0.0 btor or Creditor ATIONAL A. State Zip Code NY 10008 Payment This Period	Outstandii Nature of D TELEPHO Transact	ng Balance at Close of This Period 54.25 ebt (Purpose): NE ion ID : INV6010000112926 ng Balance at Close of This Period 18.42
54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete WESTERN UNION INTERNA Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK Outstanding Balance Beginning This Period 18.42 Amount Incurred This Period	0.0 btor or Creditor ATIONAL A. State Zip Code NY 10008 Payment This Period 0.0	Outstandii Nature of D TELEPHO Transact Outstandii 00	ng Balance at Close of This Period 54.25 ebt (Purpose): NE ion ID : INV6010000112926
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54.25 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Determination WESTERN UNION INTERNAL Mailing Address BOX 6022 CHRUCH ST. STA City NEW YORK Outstanding Balance Beginning This Period 18.42 Amount Incurred This Period 0.00	0.0 btor or Creditor ATIONAL A. State Zip Code NY 10008 Payment This Period 0.0	Outstandii Nature of D TELEPHO Transact Outstandii D0	ng Balance at Close of This Period 54.25 ebt (Purpose): NE ion ID : INV6010000112926 ng Balance at Close of This Period 18.42
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Image# 12961439915				
SCHEDULE D (FEC Form 3X)		(1)		PAGE 142 OF 143
DEBTS AND OBLIGATIONS			e separate chedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D TYPE SET	ebt (Purpose): TING
WORLDCOMP				
Mailing Address 722 EAST MARKET STREET			_	
City State	Zip Code		_	
LEESBURG		2075		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112983
741.67				
/41.0/				
Amount Incurred This Period	Payment T	his Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		741.67
D. Full Name (Least First Middle Initial) of Dalate	, en Onediten	,	Notice of D	alt (Dumana)
B. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	or Creditor		TYPE & AF	ebt (Purpose): RT
WORLDOOM				
Mailing Address 722 EAST MARKET STREET				
City State	Zip Code		_	
LEESBURG		2075		
			Transact	ion ID : INV6010000112988
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112988
Outstanding Balance Beginning This Period 926.37	Davasará T	This Devied		
Outstanding Balance Beginning This Period	Payment T	his Period		ng Balance at Close of This Period
Outstanding Balance Beginning This Period 926.37	Payment T	his Period 0.00		
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00	,		Outstandir	ng Balance at Close of This Period 926.37
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period	,		Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP	,		Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	,		Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP	or or Creditor		Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP Mailing Address 722 EAST MARKET STREET	or or Creditor State Zip	0.00	Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP Mailing Address 722 EAST MARKET STREET City	or or Creditor State Zip	0.00 Code	Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG	or or Creditor State Zip	0.00 Code	Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58	or or Creditor State Zip VA 220	0.00 Code 075	Outstandin	ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period	or or Creditor State Zip	0.00 Code 075	Outstandin	ng Balance at Close of This Period 926.37 ebt (Purpose): RT ion ID : INV6010000112992 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58	or or Creditor State Zip VA 220	0.00 Code 075	Outstandin	ebt (Purpose):
Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period	or or Creditor State Zip VA 220	0.00 Code 075	Outstandin	ng Balance at Close of This Period 926.37 ebt (Purpose): RT ion ID : INV6010000112992 ng Balance at Close of This Period
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Outstanding Balance Beginning This Period 926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period 0.00	or or Creditor State Zip VA 220 Payment T	0.00 Code 075 This Period 0.00	Outstandin	ng Balance at Close of This Period 926.37 ebt (Purpose): RT ion ID : INV6010000112992 ng Balance at Close of This Period 71.58
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Image# 12961439916				
SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS	EBTS AND OBLIGATIONS		e separate hedule(s) for each	PAGE 143 OF 143 FOR LINE NUMBER: (check only one)
Excluding Loans			bered line)	(children child) (children children chi
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP	r or Creditor		Nature of D TYPE SET	ebt (Purpose): TING
Mailing Address 722 EAST MARKET STREET				
City State LEESBURG	Zip Code VA 22	075	_	
Outstanding Balance Beginning This Period 50.00			Transacti	on ID : INV6010000112993
Amount Incurred This Period	Payment Th	nis Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		50.00
B. Full Name (Last, First, Middle Initial) of Debtor YMCA SYRACUSE	or Creditor		Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 340 MONTGOMERY STREET			_	
City State SYRACUSE	Zip Code NY 13	202		
Outstanding Balance Beginning This Period 25.00			Transact	ion ID : INV6010000112994
Amount Incurred This Period	Payment Th	nis Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		25.00
C. Full Name (Last, First, Middle Initial) of Debto ZELLER & LETICA INC.	r or Creditor			ebt (Purpose): ABELS-SUB LISTS
Mailing Address 15 E. 26TH ST.				
City NEW YORK	State Zip 0 NY 100	Code 10	-	
Outstanding Balance Beginning This Period 57.84			Transact	ion ID : INV6010000112995
Amount Incurred This Period	Payment Th	nis Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		57.84
1) SUBTOTALS This Period This Page (optional)		>		132.84
2) TOTALS This Period (last page this line number	only)			408326.38
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►		41400.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page	(last page only)		449726.38